

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N23932 (9)

1. Corporation Name  
 CHRISTIAN CONGREGATION IN THE UNITED STATES, TAM PA LOCALE, INC.



Principal Place of Business Mailing Address  
 % RONALD M. BENTO 2215 CLEMONT LUTZ FL 33549  
 % RONALD M. BENTO 2215 CLEMONT LUTZ FL 33549

3. Date Incorporated or Qualified 12/15/1987  
 3a. Date of Last Report 04/19/1995  
 4. FEI Number 59-2803811 Applied For Not Applicable  
 5. Certificate of Status Desired \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent  
~~BENTO, RONALD M.  
 2419 BLIND POND AVENUE  
 LUTZ FL 33549~~

10. Name and Address of New Registered Agent  
 81 Name JAMES C AMODEO  
 82 Street Address (P.O. Box Number is Not Acceptable) 15119 18 ST NORTH  
 83  
 84 City LUTZ FL 85 Zip Code 33549

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  
 SIGNATURE JAMES C AMODEO VICE-TREASURER James C. Amodeo 6-21-96  
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	LAURICELLO, JOSHUA	<input type="checkbox"/> DELETE
NAME		2217 CLEMENT RD.	
STREET ADDRESS		LUTZ FL	
CITY-ST-ZIP			
TITLE	S	SILVA, JESUS	<input type="checkbox"/> DELETE
NAME		14743 LAKE FOREST DRIVE	
STREET ADDRESS		LUTZ FL	
CITY-ST-ZIP			
TITLE	T	BENTO, RONALD M.	<input checked="" type="checkbox"/> DELETE
NAME		2419 BLIND POND AVENUE	
STREET ADDRESS		LUTZ FL	
CITY-ST-ZIP			
TITLE	VT	AMODEN, JAMES	<input checked="" type="checkbox"/> DELETE
NAME		15119 18TH ST. N.	
STREET ADDRESS		LUTZ FL	
CITY-ST-ZIP			
TITLE	D	MARTINEZ, MICHAEL	<input checked="" type="checkbox"/> DELETE
NAME		17601 WHISTLING LANE	
STREET ADDRESS		LUTZ FL	
CITY-ST-ZIP			
TITLE	D	PAWLUS, LAURANCE	<input checked="" type="checkbox"/> DELETE
NAME		18103 FAIRPOINT PL	
STREET ADDRESS		LUTZ FL	
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	TREASURER		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DANIEL PAWLUS		
3.3 STREET ADDRESS	17716 CRANBROOK DR.		
3.4 CITY-ST-ZIP	LUTZ, FL. 33549		
4.1 TITLE	VICE-TREASURER-DIRECTOR		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JAMES AMODEO		
4.3 STREET ADDRESS	15119 -18ST. N.		
4.4 CITY-ST-ZIP	LUTZ FL 33549		
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	DIRECTOR		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LAWRENCE PAWLUS		
6.3 STREET ADDRESS	18103 FAIRPOINT PL		
6.4 CITY-ST-ZIP	LUTZ FL 33549		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JESUS CHAS SILVA  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 DATE: JUNE 23-96  
 DAYTIME PHONE #: 813 285 3227

CR2E037 (3/96)