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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N23932

(9)

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

FILED Apr 18 1997 8:00am Secretary of State

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Principal Place	of Business	Mailing Address			[				
% RONALD M. 8	BENTO	% RONALD M. BENTO		i					
215 CLEMONT UTZ FL 33549		2215 CLEMONT LUTZ FL 33549-7525							
LU12 FL 33349		E012 FE 33043-7323			3. Date Incorporated or Qu 12/15/1987	ualified 3a.	Date of La 06/27	st Report 1996	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number			Applied F	or
CHRIST	AN CONGREGATION	26 2215 Ch	EMENT	RO	59-2803811		<u> </u>	Not Appli	
Suite, Apt. 4		Suite, Apt. #, etc.			5. Certificate of Status Des	ired 🔲		75 Addition e Required	
City & State		City & State			6. Election Campaign Final	ncina	\$5	.00 May B	—
3 LUTZ	FLI	28 LUTZ FL	_		Trust Fund Contribution	Ď		ded to Fees	
Ζιp	- Country	Zip	Country		8. This corporation has fiab	ollity for intang	ible tax und	lers 199.00	32,
24 3354			30 HILLSB	020044	Florida Statutes	☐ Yes			
	9. Name and Address of Currel	nt Registered Agent			10. Name and Address of	New Register	ed Agent		
			81   6	lame					
AMODEO	, JAMES C		82 S	treet Addres	ss (P.O. Box Number is Not A	cceptable)		·	
	ST NORTH		<u>   _</u>		· · · · · · · · · · · · · · · · · · ·			<del></del>	
LUTZ FL	33549		83						
			84 C	City			85	Zip Code	
				·			▝▙▕▕▕	•	
11. Pursuant t	o the provisions of Sections 617.050	02 and 617.1508, Florida Stati	ites, the above-n	amed corpo	ration submits this statement	for the purpos	e of chang	ing its regist	terec
agent. Lar	o the provisions of Sections 617.050 ogistered agent, or both, in the State in familiar with, and accept the oblig	ations of, Section 617.0503, F	lorida Statutes	e corporatio	O O O O O O O O O O O O O O O O O O O	by accept the	appommer	ır sıs teğiste	areu.
•								~ _	
CICNIATURE	AMODEO JAM	WA DEDGON	) All	uus (* .(	anioseo	4-	·14~ G	17	
SIGNATURE _	AMODEO JAMO Signature, typed or printed name bi registered ago	ez e. l DERCON	DIE: Registered Agent s	usc (	smodeo	<i>4-</i>	14-9	7	
SIGNATURE _	Amodeo Jame Signature, typed or printed name by registered ago OFFICERS AN	43 C. DERCON ent and title if applicable. (NO D DIRECTORS	OTE: Replytered Agent s	usc (	smodeo	<b>4</b> -	AND DIREC	TORS IN 12	
-	AMODEO JAME Signature typed or printed name & registered agr OFFICERS AN	ent and title if applicable. (NC	DIE: Registered Agent s	usc (	SHONEO  when reinstating)	<b>4</b> -		TORS IN 12	
12.	Amobio Jame Signature typed or printed name to registered ago OFFICERS AN PD LAURICELLO, JOSHUA	43 C. DERCON ent and title if applicable. (NO D DIRECTORS	OTE: Replytered Agent s	usc (	SHONEO  when reinstating)	<b>4</b> -	AND DIREC	TORS IN 12	
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4. I do nereby certify that the information supplied with this flining does not qualify for the exemption stated in Section 119.0/13/(i), Florida Statutes. Figure 2 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:

GNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

Date Daytime Phone • no