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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N23932 (9)
1. Corporation Name
CHRISTIAN CONGREGATION IN THE UNITED STATES, TAM PA LOCALE, INC.



Principal Place of Business % RONALD M. BENTO 2215 CLEMONT LUTZ FL 33549	Mailing Address % RONALD M. BENTO 2215 CLEMONT LUTZ FL 33549-7525
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3. Date Incorporated or Qualified 12/15/1987	3a. Date of Last Report 06/27/1996
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2. Principal Place of Business 21 CHRISTIAN CONGREGATION Suite, Apt. #, etc. 22 2215 CLEMONT RD. City & State 23 LUTZ, FL. Zip 24 33549	2a. Mailing Address 26 2215 CLEMONT RD Suite, Apt. #, etc. 27 City & State 28 LUTZ, FL Zip 29 33549	Country 30 HILLSBOROUGH
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4. FEI Number 59-2803811	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**AMODEO, JAMES C
15119 18 ST NORTH
LUTZ FL 33549**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 **AMODEO JAMES C. (DEARON)** *James C. Amodeo* **4-14-97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAURICELLO, JOSHUA	
STREET ADDRESS	2217 CLEMENT RD.	
CITY-ST-ZIP	LUTZ FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SILVA, JESUS	
STREET ADDRESS	14743 LAKE FOREST DRIVE	
CITY-ST-ZIP	LUTZ FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PAWLUS, DANIEL	
STREET ADDRESS	17716 CRANBROOK DR	
CITY-ST-ZIP	LUTZ FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	AMODEN, JAMES	
STREET ADDRESS	15119 18TH ST. N.	
CITY-ST-ZIP	LUTZ FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARTINEZ, MICHAEL	
STREET ADDRESS	17601 WHISTLING LANE	
CITY-ST-ZIP	LUTZ FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAWLUS, LAURANCE	
STREET ADDRESS	18103 FAIRPOINT PL	
CITY-ST-ZIP	LUTZ FL	

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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PAWLUS DANIEL
3.3 STREET ADDRESS	17401 MARY CHARLOTTE PL
3.4 CITY-ST-ZIP	LUTZ, FL 33549
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MARTINEZ MICHAEL
5.3 STREET ADDRESS	17601 WHISTLING LANE
5.4 CITY-ST-ZIP	LUTZ, FL. 33549
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **JAMES C. AMODEO** *James C. Amodeo* **4-14-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0045945

CR2E037 (9/96)