


FILE NOW: FILING FEE IS \$61.25

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**Feb 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 CHRISTIAN CONGREGATION 2215 CLEMENT RD LUTZ FL 33549 US	Mailing Address 2215 CLEMENT DR. LUTZ FL 33549 US
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3. Date Incorporated or Qualified 12/15/1987		
4. FEI Number 59-2803811	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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	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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME LAURICELLO, JOSHUA	1.1 TITLE C	1.2 NAME LAURICELLO, JOSHUA
STREET ADDRESS 2217 CLEMENT RD.	CITY-ST-ZIP LUTZ FL	1.3 STREET ADDRESS 2217 CLEMENT RD.	1.4 CITY-ST-ZIP LUTZ FL 33549
TITLE S	NAME SILVA, JESUS	2.1 TITLE	2.2 NAME
STREET ADDRESS 14743 LAKE FOREST DRIVE	CITY-ST-ZIP LUTZ FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE T	NAME PAWLUS, DANIEL	3.1 TITLE	3.2 NAME
STREET ADDRESS 17401 MARY CHARLOTTE PL	CITY-ST-ZIP LUTZ FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE VTD	NAME AMODEN, JAMES	4.1 TITLE VT	4.2 NAME AMODEU, JAMES
STREET ADDRESS 15119 18TH ST. N.	CITY-ST-ZIP LUTZ FL	4.3 STREET ADDRESS 15119 18TH ST. N.	4.4 CITY-ST-ZIP LUTZ FL 33549
TITLE D	NAME MARTINEZ, MICHAEL	5.1 TITLE	5.2 NAME
STREET ADDRESS 17801 WHISTLING LANE	CITY-ST-ZIP LUTZ FL	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE D	NAME PAWLUS, LAURANCE	6.1 TITLE TR	6.2 NAME PAWLUS, LAURANCE
STREET ADDRESS 18103 FAIRPOINT PL	CITY-ST-ZIP LUTZ FL	6.3 STREET ADDRESS 18103 FAIRPOINT PL	6.4 CITY-ST-ZIP LUTZ FL 33549

14. I 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: _____ **2-9-98**

CFR2037 (1097)