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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23932

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**



2. Principal Place of Business

21 **SAME AS ABOVE**

2a. Mailing Address

26 **SAME AS ABOVE**

3. Date Incorporated or Qualified

12/15/1987

4. FEI Number

59-2803811

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **C**
STREET ADDRESS **LAURICELLO, JOSHUA**
CITY-ST-ZIP **2217 CLEMENT RD.
LUTZ FL 33549**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **S**
STREET ADDRESS **SILVA, JESUS**
CITY-ST-ZIP **14743 LAKE FOREST DRIVE
LUTZ FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **T**
STREET ADDRESS **PAWLUS, DANIEL**
CITY-ST-ZIP **17401 MARY CHARLOTTE PL
LUTZ FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VT**
STREET ADDRESS **AMODEN, JAMES**
CITY-ST-ZIP **15119 18TH ST. N.
LUTZ FL 33549**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **TR**
STREET ADDRESS **PAWLUS, LAURANCE**
CITY-ST-ZIP **18103 FAIRPOINT PL
LUTZ FL 33549**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

JAMES C. AMODEO
3-22-99-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)