

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23932

FILED  
Mar 31, 2005  
Secretary of State

**Entity Name:** CHRISTIAN CONGREGATION IN THE UNITED STATES, (TAMPA LOCALE INC.)

**Current Principal Place of Business:**

CHRISTIAN CONGREGATION  
2215 CLEMENT RD  
LUTZ, FL 33549 US

**New Principal Place of Business:**

**Current Mailing Address:**

2215 CLEMENT DR.  
LUTZ, FL 33549 US

**New Mailing Address:**

FEI Number: 59-2803811

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PAWLUS, LAWRENCE W  
18103 FAIRPOINT PL  
LUTZ, FL 33549 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: LAURICELLO, JOSHUA  
Address: 2217 CLEMENT RD.  
City-St-Zip: LUTZ, FL 33549

Title: TR ( ) Delete  
Name: SILVA, JESUS  
Address: 14743 LAKE FOREST DRIVE  
City-St-Zip: LUTZ, FL

Title: T ( ) Delete  
Name: PAWLUS, DANIEL  
Address: 17401 MARY CHARLOTTE PL  
City-St-Zip: LUTZ, FL

Title: ST (X) Delete  
Name: PAWLUS, LAWRENCE  
Address: 18103 FAIRPOINT PL  
City-St-Zip: LUTZ, FL 33549

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CD (X) Change ( ) Addition  
Name: PAWLUS, LAWRENCE W  
Address: 18103 FAIRPOINT PL  
City-St-Zip: LUTZ, FL 33549

Title: T (X) Change ( ) Addition  
Name: PAWLUS, DANIEL  
Address: 17471 MARY CHARLOTTE PL  
City-St-Zip: LUTZ, FL 33549

Title: ST (X) Change ( ) Addition  
Name: MARCOS, DACOSTA M  
Address: 14649 LAKE FOREST DR  
City-St-Zip: LUTZ, FL 33559

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCOS DA COSTA

ST

03/31/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date