


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N23932</b> 1. Entity Name <b>CHRISTIAN CONGREGATION IN THE UNITED STATES, (TAMPA LOCALE INC.)</b>	
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Principal Place of Business <b>CHRISTIAN CONGREGATION 2215 CLEMENT RD LUTZ FL 33549 US</b>	Mailing Address <b>2215 CLEMENT DR. LUTZ FL 33549 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-2803811</b>		Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																					
<table border="1"> <tr> <td colspan="2">6. Name and Address of Current Registered Agent <b>PAWLUS, LAWRENCE W 18103 FAIRPOINT PL LUTZ FL 33549</b></td> <td colspan="2">7. Name and Address of New Registered Agent</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">Name</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td>City</td> <td>Zip Code</td> </tr> </table>		6. Name and Address of Current Registered Agent <b>PAWLUS, LAWRENCE W 18103 FAIRPOINT PL LUTZ FL 33549</b>		7. Name and Address of New Registered Agent				Name				Street Address (P.O. Box Number is Not Acceptable)								City	Zip Code
6. Name and Address of Current Registered Agent <b>PAWLUS, LAWRENCE W 18103 FAIRPOINT PL LUTZ FL 33549</b>		7. Name and Address of New Registered Agent																			
		Name																			
		Street Address (P.O. Box Number is Not Acceptable)																			
		City	Zip Code																		

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	CD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAWLUS, LAWRENCE W			NAME			
STREET ADDRESS	18103 FAIRPOINT PL			STREET ADDRESS			
CITY-ST-ZIP	LUTZ FL 33549			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAWLUS, DANIEL			NAME			
STREET ADDRESS	17471 MARY CHARLOTTE PL			STREET ADDRESS			
CITY-ST-ZIP	LUTZ FL 33549			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARCOS, DACOSTA M			NAME			
STREET ADDRESS	14649 LAKE FOREST DR			STREET ADDRESS			
CITY-ST-ZIP	LUTZ FL 33559			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Samuel Park* **3-20-07**