

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90020 001 ****61.25

DOCUMENT # N23932

1. Entity Name

**CHRISTIAN CONGREGATION IN THE UNITED STATES,
(TAMPA 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2803811

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title (duplicate)

(NOTE: Registered Agent signature required when changing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **CD**
STREET ADDRESS **PAWLUS, LAWRENCE W**
CITY-ST-ZIP **18103 FAIRPOINT PL
LUTZ FL 33549**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **PAWLUS, DANIEL**
CITY-ST-ZIP **17471 MARY CHARLOTTE PL
LUTZ FL 33549**

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **MARCOS, DACOSTA M**
CITY-ST-ZIP **14649 LAKE FOREST DR
LUTZ FL 33559**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **DACOSTA, MARCOS M**
STREET ADDRESS **14645 LAKE FOREST DR**
CITY-ST-ZIP **LUTZ FL 33559**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

MARCOS DACOSTA

3-24-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Director/Board #