

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90148 024 ****61.25

DOCUMENT # N23932



1. Entity Name
**CHRISTIAN CONGREGATION IN THE UNITED STATES, (TA
MPA LOCALE INC.)**

Principal Place of Business
**CHRISTIAN CONGREGATION
2215 CLEMENT RD
LUTZ FL 33549
US**

Mailing Address
**2215 CLEMENT DR.
LUTZ FL 33549.
US**

70032177



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2803811**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. Added to Fees

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	LAURICELLO, JOSHUA	
STREET ADDRESS	2217 CLEMENT RD.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	TR	<input type="checkbox"/> Delete
NAME	SILVA, JESUS	
STREET ADDRESS	14743 LAKE FOREST DRIVE	
CITY-ST-ZIP	LUTZ FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	PAWLUS, DANIEL	
STREET ADDRESS	17401 MARY CHARLOTTE PL	
CITY-ST-ZIP	LUTZ FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PAWLUS, LAWRENCE	
STREET ADDRESS	18103 FAIRPOINT PL	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Laurence W Paulus* (LAWRENCE W PAWLUS) 3-6-03 813-251-1849

CR2E037 (10/02)