

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # **N31646 (5)**

1. Corporation Name

**NORTHEAST TAMPA CHURCH OF CHRIST, INC.**

95 MAY -1 PM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
710 CRENSHAW LAKE RD 8419 NORTH 47TH STREET LUTZ FL 33549 US	710 CRENSHAW LAKE RD 8419 NORTH 47TH STREET LUTZ FL 33549 US

3. Date Incorporated or Qualified <b>04/11/1989</b>	3a. Date of Last Report <b>04/29/1994</b>
4. FEI Number <b>59-2944711</b>	Applied For Not Applicable

21. Principal Place of Business	2a. Mailing Address
<b>710 CRENSHAW LAKE ROAD</b>	<b>POST OFFICE BOX 312</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State <b>LUTZ, FLORIDA</b>	28. City & State <b>LUTZ, FLORIDA</b>
24. Zip <b>33549</b>	25. Country <b>USA</b>
	29. Zip <b>33549</b>
	30. Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 183.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KIRBY, JAMES D.  
8419 NORTH 47TH STREET  
TAMPA FL 33617**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>CHASTAIN, THOMAS</b>
STREET ADDRESS	<b>17551 WILLOW POND DR.</b>
CITY - ST - ZIP	<b>LUTZ FL</b>
TITLE	<b>D</b>
NAME	<b>HALL, RONALD C.</b>
STREET ADDRESS	<b>11523 MEREDYTH ST.</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b>
NAME	<b>KIRBY, JAMES D.</b>
STREET ADDRESS	<b>8419 N. 47TH STREET</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b>
NAME	<b>RUPP, EDWARD HANNA</b>
STREET ADDRESS	<b>204 LAKE JOYCE DR.</b>
CITY - ST - ZIP	<b>LAND O LAKES FL</b>
TITLE	<b>D</b>
NAME	<b>TEGARDEN, WILLIAM D. JR.</b>
STREET ADDRESS	<b>85 LAKE PADGETT DR.</b>
CITY - ST - ZIP	<b>LAND O LAKES FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>D</b>
4.3 STREET ADDRESS	<b>CRACIUN, GEORGE G. S.</b>
4.4 CITY - ST - ZIP	<b>12811 FLINT CREEK ROAD THONOTOSASSA, FLORIDA 33592</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D</b>
5.3 STREET ADDRESS	<b>TEGARDEN, WILLIAM D., JR</b>
5.4 CITY - ST - ZIP	<b>3652 LAKE PADGETT DRIVE. LAND O' LAKES, FLORIDA 34639</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: William D. Teggarden, Jr. **WILLIAM D. TEGARDEN, JR.** 4-24-95 996-4474  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)