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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N31646

1. Corporation Name

(5)

NORTHEAST TAMPA CHURCH OF CHRIST, INC.

POST OFFICE BOX 312 N/A LITT PL 3949-012	Rusinass	Mailing Address						
2. Principal Place of Business 2a. Mailing Address 3. Date of Leaf Rec (\$5(01)1995 59-2944711 2p 505(01)1995 59-294211 2p 505(01)1995 59-294211 2p 505(01)1995 59-294211 2p 505(01)1995 59-294211 2p 505(01)1995 59-29421 59-294211 2p 59-294211 2p 59-294211 2p 59-294211 2p 59-29421 5		POST OFFICE BOX 312 N LUTZ FL 33548-0312	N/A					
Suito, Apri 4, etc. Suito, Apri 4, etc.					3. Date Incorporated or Qualified 04/11/1989	3a. Date of Last Re 05/01/1990	port 5	
Suite	of Business	→ -					lied For Applicable	
Zip	Suite, Apt #, etc. Suite, A 22 27 City & State City & S				5. Certificate of Status Desired	5. Certificate of Status Desired		
Zip Country Zip Country Zip Country R. This corporation has liability for intemplies tay under a 1 Private Statutes Wes					, , , , , , , , , , , , , , , , , , ,			
Name and Address of New Registered Agent 10. Name and Address 10. Name and 10	├ ¬ '		· · · ·	′	1		199.032,	
KIRBY, JAMES D. 8419 NORTH 47TH STREET TAMPA FL 33617 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chaning like 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 is reagent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation's abmits this statement for the purpose of chaning like appointment is reagent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation's abmits this statement for the purpose of chaning like appointment is reagent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation's abmits statement for the purpose of chaning like appointment is reagent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of chaning like appointment is reagent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of chaning like appointment is reagent above-named corporation submits this statement for the purpose of chaning like appointment is reagent above and of directors. I hereby accept the ochaning like appointment is reagent above and other corporation submits this statement for the purpose of chaning like appointment as reagent above and of directors. I hereby accept the ochaning like appointment as reagent above about or appointment as reagent above about above appoint and the provisions of directors. I hereby accept the ochaning like appointment as reagent above about above about above above about above about above about above about above abo	Name and Address of Current R	egistered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Re	gistered Agent		
8419 NORTH 47TH STREET TAMPA FL 33617 83 84 City FL 65 Zip Ct 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 re agent. I am lamiliar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purposition agent. I am lamiliar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purposition agent. I am lamiliar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purposition agent. I am lamiliar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purposition agent. I am lamiliar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purposition agent. I am lamiliar with, and accept the obligations of the obligation of directors. I hereby accept the appointment as reaght of directors. I hereby accept the appointment as reaght of directors. I hereby accept the appointment as reaght of directors. I hereby accept the appointment as reaght of directors. I hereby accept the appointment as reaght of directors. I hereby accept the appointment as reaght of directors. I hereby accept the appointment as reaght of directors. I hereby accept the appointment as reaght of directors. I hereby accept the appointment as reaght of directors. I hereby accept the appointment as reaght of directors. I hereby accept the appointment as reaght of directors. I hereby accept the appointment as reaght of directors. I hereby accept the appointment as reaght of directors. I hereb			81	Name				
8419 NORTH 47TH STREET TAMPA FL 33617 84 City FL 65 Zip Ct 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the property of the appointment as reagent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation's board of directors. I hersely accept the appointment as reagent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation's board of directors. I hersely accept the appointment as reagent and the first of the provision's board of directors. I hersely accept the appointment as reagent and the first of the provision's board of directors. I hersely accept the appointment as reagent and the first of the provision's board of directors. I hersely accept the appointment as reagent and the first of the provision's board of directors. I hersely accept the appointment as reagent and the first of the provision's board of directors. I hersely accept the appointment as reagent and the first of the provision's board of directors. I hersely accept the appointment as reagent and the first of the provision's board of directors. I hersely accept the appointment as reagent and the first of the provision's board of directors. I hersely accept the appointment as reagent and the first of the provision's board of directors. I hersely accept the appointment as reagent and the first of the provision's board of directors. I hersely accept the appointment as reagent and the first of the provision's board of directors. I hersely accept the appointment as reagent and the first appointment as reagent and the first accept the provision's board of directors. I hersely accept the appointment as reagent and the first appointment as reagent and appointment as reagent and the first appointment and the first	S.D.		100	Ctroot A	ddean /D.O. Poy Number in Not Assessed	10)		
TAMPA FL 33617 Set City FL Set Set City Set			02	SHEELA	ddress (P.O. Box Number is Not Acceptat)(e)		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 reagent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature Signatur			83	<u> </u>			·····	
The present to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 reagent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE S	3017		84	City		85 Zip C	ode	
SIGNATURE Signature, typed or ponted name of registered agent and title if applicable. (NOTE Registered Agent algonature required when renatating) DATE				1		FL T		
DELETE	ture, typed or printed name of registered agent ar	nd title if applicable. (NOT	TE: Registered Ag		equired when reinstating)	DATE		
NAME CHASTAIN, THOMAS 1.2 MAME 1.3 STREET ADDRESS 17551 WILLOW POND DR. 1.3 STREET ADDRESS 1.7551 WILLOW POND DR. 1.4 CITY-ST-ZIP				 	ADDITIONS/CHANGES TO OFFIC			
1.3 STREET ADDRESS		L DELETE	1.1 TITLE	- [] Change	Addition	
LUTZ FL			1.2 NAME	- 1				
DELETE	7551 WILLOW POND DR.		1.3 STREE	I ADDRESS				
NAME	JTZ FL		1.4 CITY - 1	ST-ZIP				
STREET ADDRESS		☐ DELETE	2.1 TITLE			Change	Addition	
TAMPA FL	The state of the s		2.2 NAME					
TITLE	1523 MEREDYTH ST.		2.3 STREE	r address		•		
NAME KIRBY, JAMES D. 3.2 NAME 3.3 STREET ADDRESS S419 N. 47TH STREET 3.3 STREET ADDRESS S.4 CITY-ST-ZIP TAMPA FL 3.4 CITY-ST-ZIP TITLE D Change CRACIUN, GEORGE G. J. 4.2 NAME CRACIUN, GEORGE G. J. 4.2 NAME STREET ADDRESS 12811 FLINT CREEK ROAD 4.3 STREET ADDRESS CITY-ST-ZIP THONOTOSASSA FL 4.4 CITY-ST-ZIP THONOTOSASSA FL DELETE 5.1 TITLE Change	AMPA FL		2.4 CITY-	ST-ZIP				
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TAMPA FL 3.4. CITY-ST-ZIP	IRBY, JAMES D.		3.2 NAME	i				
TITLE	419 N. 47TH STREET		3.3 STREET	ADDRESS				
NAME CRACIUN, GEORGE G. J. 1.2811 FLINT CREEK ROAD 1.2811 FLIN	AMPA FL		3.4. CITY-	ST-ZIP				
12811 FLINT CREEK ROAD		☐ DELETE	4.1 TITLE			Change	☐ Addition	
THONOTOSASSA FL	RACIUN, GEORGE G. J.		4. 2 NAME					
TITLE D DELETE 5.1 TITLE Change NAME TEGARDEN, JR. W 52 NAME 52 NAME STREET ADDRESS 3652 LAKE PADGETT DRIVE 5.3 STREET ADDRESS CHY-SI-ZIP LAND O'LAKES FL 5.4 CHY-SI-ZIP	2811 FLINT CREEK ROAD		4.3 STREE	T ADDRESS				
NAME TEGARDEN, JR. W 52 NAME STREET ADDRESS 3652 LAKE PADGETT DRIVE 5.3 STREET ADDRESS CHY-ST-ZIP LAND O'LAKES FL 5.4 CHY-ST-ZIP	HONOTOSASSA FL		4.4 CITY-1	ST-ZIP				
STREET ADDRESS 3652 LAKE PADGETT DRIVE 5.3 STREET ADDRESS LAND O'LAKES FL 5.4 CITY-ST-ZIP		DELETE	5.1 TITLE			Change	Addition	
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The state of the		DELETE	6.1 TITLE		·	Change	Addition	
NAME 6.2 NAME			6.2 NAME	1	•	•		
STREET ADDRESS 6.3 STREET ADDRESS .			6.3 STREE	T ADDRESS				
CITY-ST-ZIP 6.4 CITY-ST-ZIP								
14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under 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 nai appears in Block 12 or Block 13 if changed, or on an attachment with an address.	ock 12 or Block 13 if changed, or or	i an attachment with an ad-	dress.		ated in Section 119.07(3)(i), Florida Statute that my signature shall have the same legs sport as required by Chapter 617, Florida S	s. I further certify that the street as if made under the statutes; and that my na	ne er oath; tha ime	

SIGNATURE: 2/11/19 AD THE DILLIAM D. TECARDEN, TR. 4-21-97

812 - 776 - 44 Paytime Phone # 0045901

FILED

May 07 1997 8:00am

Secretary of State