

FILE NOW: FILING FEE IS \$61.25

FILED

May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31646 (5)
1. Corporation Name
NORTHEAST TAMPA CHURCH OF CHRIST, INC.

Principal Place of Business 710 CRENSHAW LAKE ROAD LUTZ FL 33549 US	Mailing Address POST OFFICE BOX 312 N/A LUTZ FL 33548-0312 US
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21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
Country	Country
24	29

3. Date Incorporated or Qualified 04/11/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2944711	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, 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
85 Zip Code

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 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASTAIN, THOMAS	1.2 NAME	
STREET ADDRESS	17551 WILLOW POND DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, RONALD C.	2.2 NAME	
STREET ADDRESS	11523 MEREDYTH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRBY, JAMES D.	3.2 NAME	
STREET ADDRESS	8419 N. 47TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEGARDEN, JR. W	5.2 NAME	
STREET ADDRESS	3652 LAKE PADGETT DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAND O'LAKES FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET 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 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. TEGARDEN, JR.* **WILLIAM D. TEGARDEN, JR.** Date: **4-21-97** 813-996-4474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0045901

CR2E037 (9/96)