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**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N31646**

1. Corporation Name

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

Principal Place of Business

710 CRENSHAW LAKE ROAD  
LUTZ FL 33549  
US

Mailing Address

P.O. BOX 312  
LUTZ FL 33548  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/11/1989

4. FEI Number  
59-2944711

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME CHASTAIN, THOMAS  
STREET ADDRESS 17551 WILLOW POND DR.  
CITY-ST-ZIP LUTZ FL

TITLE D ☐ DELETE  
NAME HALL, RONALD C.  
STREET ADDRESS ~~11529 MEREDYTH ST.~~  
CITY-ST-ZIP ~~TAMPA FL~~

TITLE D ☐ DELETE  
NAME KIRBY, JAMES D.  
STREET ADDRESS 8419 N. 47TH STREET  
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE  
NAME CRACIUN, GEORGE G. J.  
STREET ADDRESS 12811 FLINT CREEK ROAD  
CITY-ST-ZIP THONOTOSASSA FL

TITLE D ☐ DELETE  
NAME TEGARDEN, JR. W  
STREET ADDRESS 3652 LAKE PADGETT DRIVE  
CITY-ST-ZIP LAND O'LAKES FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 117 1ST COURT N.W.  
2.4 CITY-ST-ZIP LUTZ, FLORIDA 33549

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *William D. TEGARDEN, JR.* 3-30-99 813-996-4474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-11/98