# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY 11 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N38063** **(6)**

1. Corporate Name
**TAMPA WORSHIP CENTER, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 7520 W. WATERS<br># 11<br>TAMPA FL 33615 | 7520 W. WATERS<br># 11<br>TAMPA FL 33615 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/07/1990
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-3011090 ☐ Applied For ☐ Not Applicable

| | | |
|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required |
| 21 5109 N. NEBRASKA Ave. | 26 5109 N. NEBRASKA Ave. | |
| Suite, Apt. #, etc<br>22 | Suite, Apt. #, etc<br>27 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |
| City & State<br>23 TAMPA, FL | City & State<br>28 TAMPA, FL | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required |
| Zip<br>24 33603 Country<br>25 USA | Zip<br>29 33603 Country<br>30 USA | 8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☑ No |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| THOMPSON, EDDIE W.<br>5207 LANDSMAN AVE<br>TAMPA FL 33625 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City **FL** 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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| 11 TITLE | DP | 11 TITLE | ☐ Change ☐ Addition |
| 12 NAME | THOMPSON, EDDIE W | 12 NAME | |
| 13 STREET ADDRESS | 5207 LANDSMAN AVE | 13 STREET ADDRESS | |
| 14 CITY ST ZIP | TAMPA FL | 14 CITY ST ZIP | |
| 21 TITLE | DST | 21 TITLE | ☐ Change ☐ Addition |
| 22 NAME | THOMPSON, LEIGH | 22 NAME | |
| 23 STREET ADDRESS | 5207 LANDSMAN AVE | 23 STREET ADDRESS | |
| 24 CITY ST ZIP | TAMPA FL | 24 CITY ST ZIP | |
| 31 TITLE | DV | 31 TITLE | ☐ Change ☐ Addition |
| 32 NAME | DUBOIS, THOMAS E REV | 32 NAME | |
| 33 STREET ADDRESS | 3429 COUNTRY WALK DR | 33 STREET ADDRESS | |
| 34 CITY ST ZIP | PORT ORANGE FL | 34 CITY ST ZIP | |
| 41 TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| 42 NAME | | 42 NAME | |
| 43 STREET ADDRESS | | 43 STREET ADDRESS | |
| 44 CITY ST ZIP | | 44 CITY ST ZIP | |
| 51 TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| 52 NAME | | 52 NAME | |
| 53 STREET ADDRESS | | 53 STREET ADDRESS | |
| 54 CITY ST ZIP | | 54 CITY ST ZIP | |
| 61 TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| 62 NAME | | 62 NAME | |
| 63 STREET ADDRESS | | 63 STREET ADDRESS | |
| 64 CITY ST ZIP | | 64 CITY ST ZIP | |

14. I do hereby certify that the information supplied with this filing is true and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Leigh Thompson 5/5/95 813-237-3322
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — DATE — Daytime Phone Number
LEIGH THOMPSON

0054370