SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $200)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUN 21 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N46002** **(4)**

1. Corporation Name
CHRIST GOSPEL CHURCH OF TAMPA, FLORIDA, INC.

Principal Place of Business	Mailing Address
3215 WEST CASS ST. TAMPA FL 33609 US	2502 N LINCOLN AVE SUITE 215 TAMPS FL 33607 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/12/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3090666 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21): 2714 N. Armenia	2a. Mailing Address (26): 3215 West Cass Street
Suite, Apt. #, etc. (22):	Suite, Apt. #, etc. (27):
City & State (23): Tampa, Florida 33609	City & State (28): Tampa, Florida
Zip (24): 33609 Country (25): USA	Zip (29): 33609 Country (30): USA

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MORGAN, ALFRED R.
2700 NORTH MACDILL AVE
SUITE 215
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 2714 N. Armenia
83:
84 City: Tampa FL 85 Zip Code: 33609

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 / NAME / STREET ADDRESS / CITY ST ZIP	D MORGAN, ALFRED R 2502 NORTH LINCOLN AVENUE TAMPA FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☒ Change ☐ Addition 3215 West Cass Street Tampa, Florida 33609
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D ANDERSON, MICAH 9801-54TH ST, NORTH PINELLAS PARK FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☒ Change ☐ Addition D Helen Renee Morgan 3215 West Cass Street Tampa, Florida 33609
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D DEMPSEY, JOSEPHINE 5102 BELMERE PARKWAY, 105 TAMPA FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition 700001521287 -06/23/95--01004-033 ****155.00 ****155.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D NILES, J. KENNETH 2806-33RD STREET, NORTH TAMPA FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D SEABORN, RAINEY 6066-9TH AVENUE, NORTH ST. PETERSBURG FL	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☒ Change ☐ Addition D Eric Davis 5102 Belmere Parkway #105 Tampa, Florida 33624
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition 6/21/95 MP

CR2E037 (3/95)

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 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: Rev. Alfred R. Morgan Rev Alfred R Morgan 6/11/95 (813) 872-6610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012033