

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N46002** (4)

1. Corporation Name

CHRIST GOSPEL CHURCH OF TAMPA, FLORIDA, INC.

Principal Place of Business

**2714 N. ARMENIA
TAMPA FL 33609
US**

Mailing Address

**3215 WEST CASS STREET
TAMPA FL 33609
US**



3. Date Incorporated or Qualified
11/12/1991

3a. Date of Last Report
06/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-3090666

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**

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

**MORGAN, ALFRED R.
2714 N. ARMENIA
TAMPA FL 33609**

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **MORGAN, ALFRED R**
STREET ADDRESS **3215 WEST CASS STREET**
CITY - ST - ZIP **TAMPA FL 33609**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **MORGAN, HELEN R**
STREET ADDRESS **3215 WEST CASS STREET**
CITY - ST - ZIP **TAMPA FL 33609**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **DEMPSEY, JOSEPHINE**
STREET ADDRESS **5102 BELMERE PARKWAY, 105**
CITY - ST - ZIP **TAMPA FL**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **NILES, J. KENNETH**
STREET ADDRESS **2806-33RD STREET, NORTH**
CITY - ST - ZIP **TAMPA FL**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☒ Change ☐ Addition

**8757 Huntfield Street
Tampa, Florida 33635**

TITLE **D** ☐ DELETE
NAME **DAVIS, ERIC**
STREET ADDRESS **5102 BELMERE PARKWAY #105**
CITY - ST - ZIP **TAMPA FL 33624**

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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)(k), 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**

4-15-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev. Alfred R. Morgan

Date

4-15-96

Daytime Phone #

(813) 870-1111

CR2E037 (12/95)