

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51388

FILED  
Feb 23, 2009  
Secretary of State

**Entity Name:** PENINSULAR CHRISTIAN CHURCH (DISCIPLES OF CHRIST) TAMPA, FLORIDA, INC.

**Current Principal Place of Business:**

3600 BLASTPOINT BLVD  
TAMPA, FL 33611 US

**New Principal Place of Business:**

3600 BALLAST POINT BLVD  
TAMPA, FL 33611 US

**Current Mailing Address:**

3600 BALLAST POINT BLVD  
TAMPA, FL 33611 US

**New Mailing Address:**

**FEI Number:** 59-0970659

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RINER, KENT D.  
3600 BALLAST POINT BLVD.  
TAMPA, FL 33611 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: DAGGETT, JOHN  
Address: 3610 PEARL AVENUE  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: KEENAN, JIM  
Address: 3309 W LEILA AV  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: GAMBRELL, TOM  
Address: 6325 INTERBAY AVE  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: MUSSER, MARK  
Address: 7217 S MASCOTTE ST  
City-St-Zip: TAMPA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENT RINER

PAS

02/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date