

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001098

FILED
Apr 09, 2008
Secretary of State

Entity Name: NASSAU STREET CHURCH OF CHRIST, INC.

Current Principal Place of Business:

1312 WEST NASSAU STREET
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

823 W AMELIA AVE
TAMPA, FL 33602

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ATKISON, ANDREW C
823 W AMELIA AVE
TAMPA, FL 33602 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: PD () Delete
Name: ATKISON, ANDREW C
Address: 823 W. AMELIA AVENUE
City-St-Zip: TAMPA, FL 33602 US

Title: TV () Delete
Name: WARREN, CARL SR
Address: 1710 NORTH BAY STREET
City-St-Zip: TAMPA, FL 33610 US

Title: TT () Delete
Name: WELLS, JILL
Address: 6317 ROBERTS AVENUE - APARTMENT A
City-St-Zip: TAMPA, FL 33616 US

Title: S () Delete
Name: CLARK, BRENDA
Address: 8709 NORTH 26TH STREET
City-St-Zip: TAMPA, FL 33604 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TT (X) Change () Addition
Name: WELLS, JILL
Address: 4013 WEST ARCH STREET
City-St-Zip: TAMPA, FL 33607 US

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: ANDREW C. ATKISON

PD

04/09/2008

Electronic Signature of Signing Officer or Director

Date