

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004089

FILED
May 05, 2006
Secretary of State

Entity Name: FAMILY COMMUNITY CHURCH INC.

Current Principal Place of Business:

8308 N GRADY AVE
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 262107
TAMPA, FL 336852107 US

New Mailing Address:

FEI Number: 59-3261719 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DA SILVA, ANTONIO P
8308 N. GRADY AVE.
TAMPA, FL 33614 US

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: DP () Delete
Name: ANTONIO P DA SILVA,
Address: 7712 W. POCAHONTAS AVE.
City-St-Zip: TAMPA, FL 33615

Title: DS () Delete
Name: FERRAN, DANIEL
Address: 8308 N. GRADY AVE.
City-St-Zip: TAMPA, FL 33614

Title: T () Delete
Name: ROMUALDO, MIDORI
Address: 5402 GINGER COVE DR #E
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change () Addition
Name: GLOVASKI, ALEXANDRE
Address: 8308 N. GRADY AVE.
City-St-Zip: TAMPA, FL 33614

Title: T (X) Change () Addition
Name: DOS REIS, CRISTIANO
Address: 8308 N. GRADY AVE.
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTONIO DA SILVA

DP

05/05/2006

Electronic Signature of Signing Officer or Director

Date