2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000003872

1. Entity Name
THE CHURCH OF ALL NATIONS OF TAMPA BAY, INC.

Principal Place of Business	Mailing Address
7341 GUNN HWY TAMPA, FL 33625	7341 GUNN HWY TAMPA, FL 33625

DO NOT WRITE IN THIS SPACE

04052004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3327369
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. **Name and Address of Current Registered Agent**

FRY, THOMAS K
12505 HIDDENBROOK DR
TAMPA, FL 33624

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE__________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

U00000105003
04/07/04-80007-008 61.25

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

~~U00000105003~~ A.H
~~04/07/04-90007-008 150.00~~

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRY, THOMAS K
STREET ADDRESS	12505 HIDDENBROOK DR
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	SD
NAME	FRY, XIMENA T
STREET ADDRESS	12505 HIDDENBROOK DR
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	VD
NAME	HARDEN, JAMES D
STREET ADDRESS	7341 GUNN HWY
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	TD
NAME	HARDEN, SUSAN J
STREET ADDRESS	7341 GUNN HWY
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan J Harden Susan J. Harden 04-05-04 (813) 264-6577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #