

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 29, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N95000003872**

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



**Principal Place of Business**

**7341 GUNN HWY  
TAMPA, FL 33625**

**Mailing Address**

**7341 GUNN HWY  
TAMPA, FL 33625**



04182005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

**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**

**DO NOT WRITE  
IN THIS SPACE**

**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 retitling)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**U00000344188  
04/29/05-80127-007 61.25**

**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**

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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**

**04-26-05**

**813920-6037**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #