


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 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
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04112006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3327369	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRY, THOMAS K 12505 HIDDENBROOK DR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRY, XIMENA T 12505 HIDDENBROOK DR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARDEN, JAMES D 7341 GUNN HWY TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARDEN, SUSAN J 7341 GUNN HWY TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/13/06-80015-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Susan J. Harden</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Susan J. Harden	04-28-06 <small>Date</small>	813-264-0577 <small>Daytime Phone #</small>
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