


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000003872 1. Entity Name THE CHURCH OF ALL NATIONS OF TAMPA BAY, INC.	
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Principal Place of Business 7341 GUNN HWY TAMPA, FL 33625	Mailing Address 7341 GUNN HWY TAMPA, FL 33625
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04102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3327369	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

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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05/14/08-80041-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Susan B. Harden **Susan B. Harden**

4-22-08 813 264-6577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #