


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000001965 1. Entity Name TAMPA GOSPEL HALL, INC.	
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Principal Place of Business 407 E CLUSTER AVE TAMPA, FL 33604	Mailing Address % DAVID J. MOREL 38603 YOUNG DR ZEPHYRHILLS, FL 33540-3045
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05242004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3481003	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOREL, DAVID J 38603 YOUNG DR ZEPHYRHILLS, FL 33540-3045

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 8, 2004**


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 MOREL, DAVID J 38603 YOUNG DR ZEPHYRHILLS, FL 33540
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHISOLM, CHRISTOPHER 2307 WALNUT ST TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHN, EMANUEL V 8196 PHILATELIC DR SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CANNON, JOSEPH F II 14308 WEDGEWOOD CT., #125 TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/06/04-80011-003 61.25

**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:  **6-28-2004** **813-782-3764**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #