
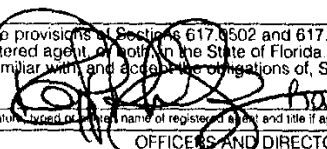



FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000004140 (7) 1. Corporation Name CHRISTIAN CHAMBER OF COMMERCE OF TAMPA, INC.			
Principal Place of Business P.O. BOX 2077 SEFFNER FL 33584		Mailing Address P.O. BOX 2077 SEFFNER FL 33583-2077	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent PICHARDO, RAMON P 13025 GORE ROAD DOVER FL 33527		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE:  Ramon Pichardo, Director Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 1/22/97			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE Treasurer (B) 1.2 NAME Jefferson W. Craft 1.3 STREET ADDRESS 6100 Nebraska Avenue 1.4 CITY-ST-ZIP Tampa, Florida 33604 2.1 TITLE Executive Director (B) 2.2 NAME Ramon Pichardo 2.3 STREET ADDRESS 13025 Gore Road 2.4 CITY-ST-ZIP Dover, FL 33527 3.1 TITLE President (B) 3.2 NAME Robert L. Smith 3.3 STREET ADDRESS 4830 W. Kennedy Blvd., Suite 800 3.4 CITY-ST-ZIP Tampa, FL 33609 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE:  Ramon Pichardo, Director Signature typed or printed name of signing officer or director DATE: 1/22/97 Daytime Phone # 0046379			



CR2E037 (9/96)