

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004831

FILED  
Apr 28, 2005  
Secretary of State

**Entity Name:** FROM THE HEART CHURCH MINISTRIES OF TAMPA, INC.

**Current Principal Place of Business:**

301 N LAKE WOOD DRIVE  
BRANDON, FL 33510

**New Principal Place of Business:**

**Current Mailing Address:**

301 N LAKE WOOD DRIVE  
BRANDON, FL 33510

**New Mailing Address:**

**FEI Number:** 59-3470002

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SWAFFORD, CURTIS A  
4615 NEWBOURNE WAY  
VALRICO, FL 33594 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SWAFFORD, CURTIS A  
Address: 4615 NEWBOURNE WAY  
City-St-Zip: VALRICO, FL 33594

Title: VPT ( ) Delete  
Name: SWAFFORD, DOROTHY T  
Address: 4615 NEWBOURNE WAY  
City-St-Zip: VALRICO, FL 33594

Title: T ( ) Delete  
Name: BILLINGSLEY, CAROTHERS  
Address: 310 COUNTRY VINEYARD RD  
City-St-Zip: VALRICO, FL 33594

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CURTIS A. SWAFFORD

DP

04/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date