


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

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000003701**


1. Entity Name  
**HOLY TRINITY PRESBYTERIAN CHURCH OF TAMPA, INC.**



Principal Place of Business      Mailing Address

**3501 BAY TO BAY BOULEVARD  
TAMPA, FL 33629**                      **3501 BAY TO BAY BOULEVARD  
TAMPA, FL 33629**

**DO NOT WRITE IN THIS SPACE**



01142008 No Chg-NP      CR2E037 (4/06)

4. FEI Number <b>59-3518348</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**TAYLOR, ERIC J  
101 E KENNEDY BLVD, SUITE 2700  
TAMPA, FL 33602**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$81.25  
Due by May 1, 2008**

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

U00000791457  
01/23/08-80074-019 61 25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALL, WYNTON L JR 3614 JETTON AVENUE TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD CASSELLI, STEPHEN J 465 LUCERNE AVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENNETT, DONALD S 4623 WEST LOWELL AVENUE TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EUDALY, DUSTYN 3600 GRANADA STREET TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYERS, BRADLEY S 485 LUCERNE AVENUE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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, trustee or 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:**       **1-14-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #