2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State
04-23-2004 90195 031 ****70.00

DOCUMENT # N98000004661

1. Entity Name
TAMPA BAY WORD OF FAITH CHURCH, INC.

14006745

Principal Place of Business	Mailing Address
4902 E. BUSCH BLVD. TAMPA, FL 33617 US	P.O. BOX 16298 TAMPA, FL 33687 US

01052004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number ~~59-3530968~~ 59-3520968 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HILLMAN, JANE 963 WICKETRUN DRIVE BRANDON, FL 33510	Name: Jane Hillman McDonnough Street Address (P.O. Box Number is Not Acceptable): 1624 Dusty Rose Lane City: Brandon FL Zip Code: 33510

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, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HILLMAN, JANE 963 WICKETRUN DRIVE BRANDON, FL 33510	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ ~~Change~~ ☐ Addition Jane Hillman McDonnough 1624 Dusty Rose Lane Brandon, FL 33510 (marriage license attached)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP KASEMAN, JULIUS 1947 LAKESHORE DRIVE BRANSON, MO 65616	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GILLIGAN, TIMOTHY 4741 SW 20TH STREET OCALA, FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ANDERSON, GAIL 1009 STANDING REED PLACE WESLEY CHAPEL, FL 33543	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jeffrey M. McDonnough 1624 Dusty Rose Lane Brandon, FL 33510 ☐ Change ☐ ~~Addition~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I 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 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: Jane Hillman McDonnough 4/21/04 (813)910-7336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

IRS Department of the Treasury
Internal Revenue Service

Attachment

14006745
#N980000004661

PHILADELPHIA PA 19255-0038

In reply refer to: 0353514176
Jan. 30, 2004 LTR 147C
59-3520968 000000 00 000
Input Op: 0353514176 03398
BODC: TE

TAMPA BAY WORD OF FAITH CHURCH INC
% DOROTHY J HILLMAN
PO BOX 16298
TAMPA BAY FL 33687-6298981

Employer Identification Number: 59-3520968

Dear Taxpayer:

We received your request of Jan. 21, 2004 asking us to verify your employer identification number (EIN) and name.

Your employer identification number (EIN) is 59-3520968. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence or documents.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( )_____ Hours_____

Attachment 1

14006745

#1198000046 61

(STATE FILE NUMBER)

Department of Health • Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk, Circuit or County Court, appears thereon.

BOOK 665 PAGE 431

2003 32117
(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last)			2. DATE OF BIRTH (Month, Day, Year)
JEFFREY MICHAEL MCDONNOUGH			6/18/1954
3a. RESIDENCE - CITY, TOWN, OR LOCATION	3b. COUNTY	3c. STATE	4. BIRTHPLACE (State or Foreign Country)
BRANDON	HILLSBOROUGH	FLORIDA	MINNESOTA
5a. BRIDE'S NAME (First, Middle, Last)		5b. MAIDEN SURNAME (If different)	6. DATE OF BIRTH (Month, Day, Year)
DOROTHY JANE HILLMAN			5/11/1956
7a. RESIDENCE - CITY, TOWN, OR LOCATION	7b. COUNTY	7c. STATE	8. BIRTHPLACE (State or Foreign Country)
BRANDON	HILLSBOROUGH	FLORIDA	FLORIDA

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY

9. SIGNATURE OF GROOM (Sign full name using black ink)	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
▸ Jeffrey Michael McDonnough	10/3/2003
11. TITLE OF OFFICIAL	12. SIGNATURE OF OFFICIAL (Use black ink)
BARBARA B KING DEPUTY CLERK	▸ Barbara B King
13. SIGNATURE OF BRIDE (Sign full name using black ink)	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
▸ Dorothy Jane Hillman	10/3/2003
15. TITLE OF OFFICIAL	16. SIGNATURE OF OFFICIAL (Use black ink)
BARBARA B KING DEPUTY CLERK	▸ Barbara B King

SEAL

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE	18. DATE LICENSE ISSUED	18a. DATE LICENSE EFFECTIVE	19. EXPIRATION DATE
HILLSBOROUGH	10/3/2003	10/6/2003	12/5/2003

20a. SIGNATURE OF COURT CLERK OR JUDGE	20b. TITLE	20c. BY D C
▸ Barbara B King	DEPUTY CLERK	BBK

SEAL

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21. DATE OF MARRIAGE (Month, Day, Year)	22. CITY, TOWN, OR LOCATION OF MARRIAGE
10-25-03	Tampa Fl.

23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)	23c. ADDRESS (Of person performing ceremony)
▸	4741 SW 20th St. Ocala, Fl. 34474
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp)	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)
Rev. Tim Gilligan	▸ Gail Anderson
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)
	▸ David Cooper

SEAL

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

	26. SOCIAL SECURITY NUMBER	RACE	28. WERE YOU EVER PREVIOUSLY	IF ANSWER IS YES TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c		
				29a. NO. OF THIS MARRIAGE	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)	29c. DATE LAST MARRIAGE ENDED (Mo. Day Year)
GROOM	468-70-4860	WHITE	[ ] NO [X] YES	2	DIVORCE	5/24/1996
	30. SOCIAL SECURITY NUMBER	31. RACE	32. WERE YOU EVER PREVIOUSLY MARRIED?	IF ANSWER IS YES TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b, and 33c		
				33a. NO. OF THIS MARRIAGE	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)	33c. DATE LAST MARRIAGE ENDED
BRIDE	266-23-6704	WHITE	[X] NO [ ] YES			

DH Form 743, Apr 95