

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004661

FILED  
Jan 09, 2008  
Secretary of State

**Entity Name:** TAMPA BAY WORD OF FAITH CHURCH, INC.

**Current Principal Place of Business:**

4902 E. BUSCH BLVD.  
TAMPA, FL 33617 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 16298  
TAMPA, FL 33687 US

**New Mailing Address:**

**FEI Number:** 59-3520968

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCDONNOUGH, JANE HILLMAN  
27631 PINE POINT DRIVE  
WESLEY CHAPEL, FL 33543 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: MCDONNOUGH, JANE HILLMAN  
Address: 27631 PINE POINT DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: DVP ( ) Delete  
Name: KASEMAN, JULIUS  
Address: 1947 LAKESHORE DRIVE  
City-St-Zip: BRANSON, MO 65616

Title: DT ( ) Delete  
Name: GILLIGAN, TIMOTHY  
Address: 4741 SW 20TH STREET  
City-St-Zip: OCALA, FL 34474

Title: S ( ) Delete  
Name: ANDERSON, GAIL  
Address: 1009 STANDING REED PLACE  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D ( ) Delete  
Name: MCDONNOUGH, JEFFREY M  
Address: 27631 PINE POINT DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33543

**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:

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 exemption stated 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 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: JANE HILLMAN MCDONNOUGH

DP

01/09/2008

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

\_\_\_\_\_  
Date