

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706684

Entity Name: GOSPEL BAPTIST CHURCH OF TAMPA, INC.**Current Principal Place of Business:**GOSPEL BAPTIST CHURCH OF TAMPA, INC.
919 W. KIRBY STREET
TAMPA, FL 33604**Current Mailing Address:**GOSPEL BAPTIST CHURCH OF TAMPA, INC.
919 W. KIRBY STREET
TAMPA, FL 33604**FEI Number:** 59-0998542**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PICKLE, SCOTT A REV.
915 W. KIRBY ST
TAMPA, FL 33604 US*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**Officer/Director Detail :**

Title	SECRETARY
Name	PICKLE, CHRISTINA A
Address	915 W. KIRBY ST.
City-State-Zip:	TAMPA FL 33604

Title	OFFICER
Name	WATERS, CYLENA
Address	7906 N. EDISON AVE.
City-State-Zip:	TAMPA FL 33604

Title	PRESIDENT, PASTOR
Name	PICKLE, SCOTT A REV.
Address	915 W. KIRBY ST.
City-State-Zip:	TAMPA FL 33604

Title	OFFICER
Name	CROFT, FRED
Address	8821 WELLINGTON DRIVE
City-State-Zip:	TAMPA FL 33635

Title	OFFICER
Name	SANTIAGO, HUGO
Address	6716 N. HABANA AVENUE
City-State-Zip:	TAMPA FL 33614

Title	OFFICER
Name	SMITH, WINONA
Address	216 S. TRASK STREET
City-State-Zip:	TAMPA FL 33609

I hereby 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 all other like empowered.

SIGNATURE: SCOTT PICKLE

PRESIDENT

03/07/2016

Electronic Signature of Signing Officer/Director Detail_____
Date