I hereby certify that the information indicated on this report or supplemental report is true and accur oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exect		
above, or on an attachment with all other like empowered.		
SIGNATURE: DOROTHY S. COOPER	SECRETARY	01/31/2013

SIGNATURE: DOROTHY S. COOPER

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent:

GRELLNER, CYNTHIA ATTY 13311 WINGING OAK COURT С TAMPA, FL 33612 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

Officer/Director Detail ·

Oncendinector Detail.				
Title	DR	Title	VP	
Name	DONLON, KEVIN FRECTOR	Name	TROSPER, KARLENE MRS.	
Address	7509 VAN DYKE ROAD	Address	4805 WOODMERE ROAD	
City-State-Zip:	ODESSA FL 33556	City-State-Zip:	TAMPA FL 33609	
Title	SECT			
Name	COOPER, DOROTHY S. MRS			
Address	7325 BROOKVIEW CIRCLE			
City-State-Zip:	TAMPA FL 33634			

Entity Name: CHURCH OF THE RESURRECTION TAMPA, INC.

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

7509 VAN DYKE ROAD ODESSA, FL 33556

Current Mailing Address:

DOCUMENT# N0200002779

P. O. BOX 342459 TAMPA, FL 33694

FEI Number: 36-4493761

Certificate of Status Desired: No

FILED Jan 31, 2013 Secretary of State CC5041504567

Date

Date