

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000008085

Entity Name: NATIONAL TRUSTED PARTNERS FOR CHRIST, INC.**Current Principal Place of Business:**405 N. OREGON AVE.
TAMPA, FL 33606**Current Mailing Address:**405 N. OREGON AVE.
TAMPA, FL 33606**FEI Number: 27-3395693****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LYONS, WILLIE B
405 N. OREGON AVE
TAMPA, FL 33606 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 CHRM
Name HUGHES, ARTHUR
Address P.O. BOX 284
City-State-Zip: HUMPHREY AR 72073Title TREA
Name STEWART, GILBERT W
Address 5147 GLEN COVE LANE
City-State-Zip: W. PALM BEACH FL 33056Title DIR
Name DAVIS, MARVIS
Address 503 BOOKS AVE
City-State-Zip: VENICE CA 90291Title SECT
Name SORRELLS, YVONNE
Address 6844 NW 6TH CT
City-State-Zip: MIAMI FL 33150Title DIR
Name WILLIAMS, NELLIE
Address 14400 RUTLAND STREET
City-State-Zip: DETROIT MI 48227Title DIR
Name HOOD, T L
Address 8008 NE 108 TERRACE
City-State-Zip: KANSAS CITY MO 64150

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: YVONNE SORRELLS**SECRETARY****04/28/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date