

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 703738**

1. Entity Name

NORTH TAMPA CHURCH OF CHRIST, INC.**FILED**
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90033 037 *****61.25

Principal Place of Business

**12720 N FLORIDA AVE
TAMPA FL 33612
US**

Mailing Address

**12720 N FLORIDA AVE.
TAMPA FL 33612
US**

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

59-1953087

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCURRY, TERRY L
7216 WOODBROOK
TAMPA FL 33625**

7. Name and Address of New Registered Agent

Name

TERRY L. MCCURRY

Street Address (P.O. Box Number is Not Acceptable)

13310 LAKE GEORGE LANE

City

TAMPA**FL**

Zip Code

33618

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Delete
	D	CRACIUN, GEORGE G	12811 FLINT CREEK RD	
		THONOTOSASSA FL		

	D	LARSEN, DALE R	818 BLUEGRASS LANE	☐ Delete
		BRANDON FL 33510		

	D	MCCURRY, TERRY L	7216 WOODBROOK	☐ Delete
		TAMPA FL 33625		

	D	STARKS,	23013 GENEVA RD	☐ Delete
		LAND O LAKES FL 34639		

				☐ Delete
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				☐ Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition

				☐ Change	☐ Addition
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				☐ Change	☐ Addition
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				☐ Change	☐ Addition
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				☐ Change	☐ Addition
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				☐ Change	☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

813-855-4435
EXT 236

Daytime Phone #

CR2E037 (10/00)