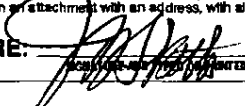


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 703738					
1. Entity Name NORTH TAMPA CHURCH OF CHRIST, INC.					
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 13310 LAKE GEORGE LANE TAMPA, FL 33618				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature is typed or printed name of registered agent and title if new/old. NOTE: Registered Agent is licensed registered officer or volunteer.					
FILE NOW FEE IS \$81.25			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee		Make Check Payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☒ Delete	TITLE	RONNIE C. JACKSON	☐ Change ☒ Addition
NAME	LARSEN, DALE R		NAME	1112 Fox Chapel Dr.	
STREET ADDRESS	818 BLUEGRASS LANE		STREET ADDRESS	LUTZ, FL 33549	
CITY-ST-ZIP	BRANDON, FL 33610		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	Bob Groves	☐ Change ☒ Addition
NAME	MCCURRY, TERRY L		NAME	24450 Karnal	
STREET ADDRESS	7216 WOODBROOK		STREET ADDRESS	LUTZ, FL 33549	
CITY-ST-ZIP	TAMPA, FL 33626		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STARKS, James H.		NAME		
STREET ADDRESS	23013 GENEVA RD		STREET ADDRESS		
CITY-ST-ZIP	LAND O LAKES, FL 34639		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 the empowered.					
SIGNATURE: 		J. H. Starks		6/22/03 (813) 888-5353	
Name and Address of Registered Agent		Name of Signing Officer or Director		Daytime Phone	

CR2E037 (10/02)

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