

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90136 011 ****61.25

DOCUMENT # 759267

1. Entity Name

FIRST BAPTIST CHURCH OF CARROLLWOOD, INC.

Principal Place of Business

**5395 EHRUCH ROAD
TAMPA FL 33625**

Mailing Address

**5395 EHRUCH ROAD
TAMPA FL 33625**

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 **59-2105414**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DURST, FRANK E.
2510 THORNBROOK PLACE
TAMPA FL 33618**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
min: will be \$236.25.**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME : **VTR**
STREET ADDRESS **GARSDIE, DEL**
CITY-ST-ZIP **3312 WESTMORELAND
TAMPA, FL 00000**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Tampa, FL 33618**

TITLE ☐ Delete
NAME **VTR**
STREET ADDRESS **HALL, WENDELL**
CITY-ST-ZIP **5519 RAWLS RD
TAMPA, FL 00000**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Tampa, FL 33625**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **PHILLIPS, ELVIN**
CITY-ST-ZIP **3310 DEL PRADO CT
TAMPA FL 33614**

TITLE ☐ Change ☒ Addition
NAME **VTR**
STREET ADDRESS **Ted Evans**
CITY-ST-ZIP **9401 Roberts Road
Tampa, FL 33556**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **DURST, FRANK E**
CITY-ST-ZIP **2510 THORNBROOK PL
TAMPA, FL 00000**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Tampa, FL 33618**

TITLE ☐ Delete
NAME **VTR**
STREET ADDRESS **BLOCK, ROGER**
CITY-ST-ZIP **4937 UMBER WAY SOUTH
TAMPA FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Tampa, FL 33624**

TITLE ☐ Delete
NAME **VTR**
STREET ADDRESS **BARNES, JOHN**
CITY-ST-ZIP **6816 RIVER BLVD
TAMPA FL 33604**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(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 REQUIRED

CP2E037 (4/02)