1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400005211

1. Corporation Name

TAMPA REFORMED BAPTIST CHURCH, INC.

Principal Place of Business

3915 N. TAMPA STREET **TAMPA FL 33603**

Mailing Address

% PASTOR GARY CARTER 1014 E. COMANCHE AVENUE TAMPA FL 33604

FILED May 04, 1999 8:00 am § Secretary of State

05-04-1999 90057 019 ****61.25



2. Principal Pl	lace of Business	2a. Mailing Address			3. Date incorporated or Qualifed			
21	26				10/17/1994			
	Suite, Apt. #, etc. Suite, Apt. #				4. FEI Number		Applied For	
22		27			59-3269551		Not Applicable	
City & State	e	_City & State			5. Certificate of Status Desired	1 1	5 Additional Required	
Zip	Country	Zip	Cou	ntry	6. Election Campaign Financing	\$5.	00 May Be	
24	25 29 30				Trust Fund Contribution	1 1	ted to Fees	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
_ '-	GARY L PASTOR OMANCHE AVENUE	change of	chance 1 > 82 Street Add		ARTER, GARY L PASTOR Idress (P.O. Box Number is Not Acceptable) 167/0 VANDERVORT ACRES LANE			
TAMPA FL	33604	Janes .	83					
				84 City	LUTZ	FL 85	Zip Code 33549	
office or re	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was aut	honzec	i by the corporatio	oration submits this statement for the pun's board of directors. I hereby accept to	roose of changing	g its registered	
	Signature, typed or printed name of registered agent		$\overline{}$			11-30-99 DATE	3	
			egistered	Agent signature required	ADDITIONS/CHANGES TO OFFI			
12.	OFFICERS AND		-	RE (O		□ Cha	nge	
TITLE	D	☐ DELETE	1.1 π		ARTER, GARY L. 6 3915 NORTH TAN TAMPA FL 3)	ige	
NAME [CARTER, GARY L		1.2 N/	WE G	1 3915 NORTH TAN	op ST.	SAMS	
STREET ADDRESS	% 3915 NORTH TAMPA STREET		1.3 \$1	TREET ADDRESS /	- 00 - 3	17607		
CITY-ST-ZIP	77 (11) 71 12 00000		TY-ST-ZIP	TAMPA ILL	534-27	DANGE-		
TITLE	Т	☐ DELETE 2.1 π		ure .		☐ Chai	nge	
NAME	BOOKAMER, JIM		2.2 N/	WE				
STREET ADDRESS	14025 HAPPY HILL RD 235		2.3 \$1	REET ADORESS				
CITY-ST-ZIP	DADE CITY FL 33525 2.40		TY-ST-ZIP					
TITLE	T	☐ DELETE	3.1 Tf	TLE -	• •	Chai	nge 🔲 Addition	
NAME	HEINTZ, BOB		ME					
STREET ADDRESS			3.3 \$1	REET ADORESS				
CITY-ST-ZIP			ITY-ST-ZIP					
TITLE	☐ DELETE 4.1 TI		TLE .		☐ Cha	nge		
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 S1	REET ADDRESS				
CITY-ST-ZIP			4.4 CI	TY-ST-ZIP			_	
TITLE		☐ DELETE	5.1 TT			☐ Cha	nge Addition	
NAME			5.2 N	ME				
STREET ADDRESS			5.3 ST	REET ADDRESS				
CITY-ST-ZIP			5.4 Ci	TY-ST-ZIP				
TITLE		☐ DELETE	6.1 TT			☐ Cha	nge Addition	
NAME			6.2 N	WIE		_	_	
ļ			6.3 ST	REET ADDRESS				
STREET ADDRESS				TY-ST-ZIP				
CITY-ST-ZIP			0.7 (4	11-01-21				

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

ISIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #