

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005211

FILED
May 01, 2005
Secretary of State

Entity Name: TAMPA REFORMED BAPTIST CHURCH, INC.

Current Principal Place of Business:

400 E BEARSS AVE
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

16710 VANDERVORT ACRES LANE
LUTZ, FL 33549

New Mailing Address:

FEI Number: 59-3269551 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CARTER, GARY L PASTOR
16710 VANDERVORT ACRES LANE
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: CARTER, GARY L
Address: 16710 VANDERCOURT ACRES LANE
City-St-Zip: LUTZ, FL 33549

Title: TT () Delete
Name: BOOKAMER, JAMES B
Address: 14025 HAPPY HILL RD
City-St-Zip: DADE CITY, FL 33525

Title: T () Delete
Name: HEINTZ, ROBERT
Address: 3232 LAKE PINE WAY EAST
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VPT () Delete
Name: SCHUNK, DON
Address: 1928 KETTLER DR
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GARY CARTER

PT

05/01/2005

Electronic Signature of Signing Officer or Director

_____ Date