

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90094 012 *****61.25

311

DOCUMENT # 702000

1. Entity Name

FIRST CHURCH OF GOD, TAMPA, FLORIDA, INC.

Principal Place of Business

**2202 E. BUSCH BLVD.
TAMPA FL 33612-8406**

Mailing Address

**2202 E. BUSCH BLVD.
TAMPA FL 33612-8406**

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

59-0737876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MYERS, TOM
4028 BELL GRANDE DR
VALRICO FL 33594**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

1/21/01
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME KRUTHOFF, RONALD REV.
STREET ADDRESS 13102 N. OLA
CITY-ST-ZIP TAMPA FL 33682 ☐ Delete

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

TITLE VD
NAME BURNETTE, WILLIAM
STREET ADDRESS 6810 MUCK POND ROAD
CITY-ST-ZIP TAMPA FL 33592 ☐ Delete

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

TITLE SD
NAME HARTLEY, MARY ANN
STREET ADDRESS 1001 CEDAR LAKE DR
CITY-ST-ZIP TAMPA FL 33612 ☒ Delete

TITLE SD ☒ Change ☐ Addition
NAME Pat Barlow
STREET ADDRESS 4903 Melrow Ct.
CITY-ST-ZIP Tampa, FL 33624

TITLE T
NAME MYERS, TOM
STREET ADDRESS 4028 BELL GRANDE DR
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev. R.W. Kruithoff

01-15-01

Date

Daytime Phone #

CR2E037 (10/00)