

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 701026

**Entity Name:** TAMPA BAPTIST CHURCH OF TAMPA, FLORIDA, INC.

**FILED**  
**Jan 15, 2020**  
**Secretary of State**  
**8959076824CC**

**Current Principal Place of Business:**

SLIGH & DIXON ST  
300 SLIGH AVE EAST  
TAMPA, FL 33604

**Current Mailing Address:**

SLIGH & DIXON ST  
300 SLIGH AVE EAST  
TAMPA, FL 33604

**FEI Number: 59-0651104**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DONAHEY, RONALD  
3314 EHRLICH RD.  
TAMPA, FL 33618 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MOORE, WAYLON BRUCE  
Address        2807 N MORGAN ST  
City-State-Zip: TAMPA FL 33602

Title            TD  
Name            RENNER, DONALD  
Address        1204 LAKE CHARLES CIR  
City-State-Zip: LUTZ FL 33548

Title            TD  
Name            MOORE, WAYLON  
Address        906 W CANDLEWOOD AVE  
City-State-Zip: TAMPA FL 33603

Title            SECRETARY  
Name            HARTLEY, JAMES  
Address        9618 SPRINGBROOK DR  
City-State-Zip: RIVERVIEW FL 33578

Title            VP  
Name            WILLIAMS, JAMES E  
Address        405 E PARIS ST  
City-State-Zip: TAMPA FL 33604

Title            TREASURER  
Name            DONAHEY, RONALD  
Address        3314 EHRLICH RD  
City-State-Zip: TAMPA FL 33618

Title            TRUSTEE  
Name            ELLIOTT, BRIAN  
Address        111 N 12TH ST UNIT 1516  
City-State-Zip: TAMPA FL 33602

*I hereby 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 all other like empowered.*

**SIGNATURE: WAYLON BRUCE MOORE**

**PRESIDENT**

**01/15/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date