

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702495

1. Entity Name

PALMA CEIA CHRISTIAN CHURCH, INCORPORATED

Principal Place of Business

3516 BAY TO BAY BLVD
TAMPA FL 33629

Mailing Address

3516 BAY TO BAY BLVD
TAMPA FL 33629

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-6196222

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAILEY, GLENN E
4325 HUBERT
TAMPA FL 33611

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE D ☐ Delete
NAME BOOKER, DAVID
STREET ADDRESS 4314 OKLAHOMA AVENUE
CITY-ST-ZIP TAMPA FL

TITLE D ☐ Delete
NAME BAILEY, GLENN
STREET ADDRESS 4325 HUBERT
CITY-ST-ZIP TAMPA FL 33611

TITLE D ☒ Delete
NAME RITCH, TIMOTHY
STREET ADDRESS 6504 WESTSHORE CIRCLE
CITY-ST-ZIP TAMPA FL

TITLE T ☐ Delete
NAME DURAN, HENRY
STREET ADDRESS 2905 W PARIS
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Glenn E. Bailey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn E. Bailey

4/11/01

(813) 839-5772

Date

Daytime Phone #

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90082 034 ****61.25

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DO NOT WRITE IN THIS SPACE

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