

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706044

1. Entity Name

TEMPLE TERRACE FAITH ASSEMBLY OF GOD, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90073 023 ****70.00

Principal Place of Business
8525 N 78 STREET
TEMPLE TERRACE FL 33637
US

Mailing Address
8525 N 78 STREET
TEMPLE TERRACE FL 33637-6322
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1089820

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MOORE, LARRY
10410 ELBERTON AVE
THONOTOSASSA FL 33092

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS	<input type="checkbox"/> Delete
NAME	MCLEAN, ROBERT	
STREET ADDRESS	28940 LONG MEADOW LOOP	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PALMER, EMBRY	
STREET ADDRESS	506 W. 129 STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GATES, JIM	
STREET ADDRESS	8730 SPRINGTREE DR	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	P	<input type="checkbox"/> Delete
NAME	MOORE, REV LARRY	
STREET ADDRESS	7913 RIVER RIDGE DR	
CITY-ST-ZIP	TEMPLE TERR FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CORLEY, ROBERT	
STREET ADDRESS	62 FOUNTAIN ST	
CITY-ST-ZIP	THONOTOSASSA FL 33592	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURROWS, RICHARD	
STREET ADDRESS	6407 49TH ST	
CITY-ST-ZIP	TAMPA FL 33610	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERRANO SAMUEL	
STREET ADDRESS	503 W. 128 AVE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNCAN RAYMOND	
STREET ADDRESS	8317 CLEANDER LANE	
CITY-ST-ZIP	33637	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLATT AL	
STREET ADDRESS	5520 BAPTIST CHURCH RD	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-2000 813-988-7925

Date

Daytime Phone #

CR2E037 (9/99)