

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90001 018 \*\*\*\*61.25

**DOCUMENT # 706044**

1. Entity Name

**TEMPLE TERRACE FAITH ASSEMBLY OF GOD, INC.**

Principal Place of Business

8525 N 78 STREET  
 TEMPLE TERRACE FL 33637  
 US

Mailing Address

8525 N 78 STREET  
 TEMPLE TERRACE FL 33637  
 US

**527633**



DO NOT WRITE IN THIS SPACE

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

**59-1089820**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MOORE, LARRY**  
**10410 ELBERTON AVE**  
**THONOTOSASSA FL 33092**

7. Name and Address of New Registered Agent

Name

**Glenn Hart**

Street Address (P.O. Box Number is Not Acceptable)

**9758 Fox Hollow Rd**

City

**Tampa**

**FL**

Zip Code  
**33647**

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

**Glenn Hart**

**Pastor / Board Chairman**

**3/20/01**

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 ☐ Delete  
 NAME **DS**  
 STREET ADDRESS **MCLEAN, ROBERT**  
 CITY-ST-ZIP **28940 LONG MEADOW LOOP**  
**TAMPA FL**

TITLE ☒ Delete  
 NAME **D**  
 STREET ADDRESS **SERRANO, SAMUEL**  
 CITY-ST-ZIP **503 W 128 AVE**  
**TAMPA FL 33612**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **DUNCAN, RAYMOND**  
 CITY-ST-ZIP **8317 OLEANDER LANE**  
**TAMPA FL 33637**

TITLE ☒ Delete  
 NAME **P**  
 STREET ADDRESS **MOORE, REV LARRY**  
 CITY-ST-ZIP **7913 RIVER RIDGE DR**  
**TEMPLE TERR FL**

TITLE ☐ Delete  
 NAME **DT**  
 STREET ADDRESS **PLATT, AL**  
 CITY-ST-ZIP **5520 BAPTIST CHURCH RD**  
**TAMPA FL 33610**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **BURROWS, RICHARD**  
 CITY-ST-ZIP **6407 49TH ST**  
**TAMPA FL 33610**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
 NAME **Pastor / Board Chairman**  
 STREET ADDRESS **Rev. Glenn Hart**  
 CITY-ST-ZIP **9758 Fox Hollow Rd**  
**Tampa FL 33647**

TITLE ☐ Change ☒ Addition  
 NAME **Gordon Stafford**  
 STREET ADDRESS **826 Sunridge Point Dr**  
 CITY-ST-ZIP **Seffner, FL 33584**

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/01 (813) 988-7925**

Date

Daytime Phone #

CR2E037 (10/00)