

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90107 020 \*\*\*\*61.25

**DOCUMENT # 706044**

1. Entity Name

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

Principal Place of Business

Mailing Address

8525 N 78 STREET  
 TEMPLE TERRACE FL 33637  
 US

8525 N 78 STREET  
 TEMPLE TERRACE FL 33637  
 US

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

**59-1089820**

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

Name

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

City

**FL**

Zip Code

**HART, GLENN**  
**9578 FOX HOLLOW ROAD**  
**TAMPA FL 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 *[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** ☐ Delete  
 NAME **MCLEAN, ROBERT**  
 STREET ADDRESS **28940 LONG MEADOW LOOP**  
 CITY-ST-ZIP **TAMPA FL**

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

TITLE **PBM** ☐ Delete  
 NAME **HART, GLENN REV**  
 STREET ADDRESS **9758 FOX HOLLOW RD**  
 CITY-ST-ZIP **TAMPA FL 33647**

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

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

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

TITLE **P** ☐ Delete  
 NAME **STAFFORD, GORDON**  
 STREET ADDRESS **826 SUNRIDGE POINT DRIVE**  
 CITY-ST-ZIP **GIBSONTON FL 33534**

TITLE **Deacon/Board Member** ☒ Change ☐ Addition  
 NAME **Gordon Stafford**  
 STREET ADDRESS **826 Sunridge Point Drive**  
 CITY-ST-ZIP **Seffner FL 33584**

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

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

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

TITLE **Deacon / Board Member** ☐ Change ☒ Addition  
 NAME **Harold Blanton**  
 STREET ADDRESS **503 Linetree Rd**  
 CITY-ST-ZIP **Tampa FL 33619**

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]*

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**1-8-02 813-988-7925**

CP2E037 (9/01)