

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90325 012 \*\*\*\*\*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**

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HART, GLENN  
9578 FOX HOLLOW ROAD  
TAMPA FL 33647**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida 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 **DBM** ☐ Change ☒ Addition  
NAME **Pete Males**  
STREET ADDRESS **8107 Riverboat Dr**  
CITY-ST-ZIP **Tampa, FL 33637**

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

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

TITLE **T** ☐ Delete  
NAME **STAFFORD, CATHY**  
STREET ADDRESS **826 SANRIDGE POINT DR**  
CITY-ST-ZIP **SEFFNER FL 33584**

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

TITLE **DBM** ☐ Delete  
NAME **BLANTON, HAROLD**  
STREET ADDRESS **503 LIMETREE ROAD**  
CITY-ST-ZIP **TAMPA FL 33619**

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**

4/21/03

813 988-7925

CR2E037 (10/02)