

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90005 050 \*\*\*\*61.25

**DOCUMENT # 706306**

1. Entity Name  
**FIRST BAPTIST CHURCH OF COLLEGE HILL, INC.**

Principal Place of Business <b>3838 NORTH 29TH STREET          TAMPA FLA 33610          US</b>	Mailing Address <b>3838 NORTH 29TH STREET          TAMPA FLA 33610          US</b>
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DO NOT WRITE IN THIS SPACE

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 <b>59-2788090</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**CONZALEZ, JOE M.  
 1519 N. DALE MABRY, SUITE 100  
 LUTZ, FL 33549**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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 NAME	PD COLE, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	11710 TOM FOLSON ROAD	
CITY-ST-ZIP	THONOTOSASSA FL	
TITLE NAME	VD NELSON, ARTHUR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3114 LINDELL AVE, EAST	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE NAME	T BUTCHER, LINDBERG	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3404 EAST FERN	
CITY-ST-ZIP	TAMPA FL	
TITLE NAME	D ANDERSON, RAYMOND	<input type="checkbox"/> Delete
STREET ADDRESS	16712 FOOTHILL DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE NAME	D SCOTT, FRANK	<input type="checkbox"/> Delete
STREET ADDRESS	1911 EAST EMMA STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	COLE, ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VD JOYNER, SAMUEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6608 N. 33rd Street	
CITY-ST-ZIP	TAMPA, FL ##c!	
TITLE NAME	T MCBRIDE, ANTHONY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8411 BARRETT PL	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE NAME	S PURIFY, ALMA RHEA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8104 JAD DRIVE	
CITY-ST-ZIP	TAMPA, FL 33619	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Alma Rhea Purify* **Alma Rhea Purify, Secy. 8/14/00 (813) 248-6600**

CR2E037 (5/00)