## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 24, 2001 8:00 am Secretary of State DOCUMENT # 706306 1. Entity Name FIRST BAPTIST CHURCH OF COLLEGE HILL, INC. 04-24-2001 90287 014 \*\*\*\*61.25 Principal Place of Business Mailing Address 3838 NORTH 29TH STREET 3838 NORTH 29TH STREET TAMPA FL 33610 **TAMPA FL 33610** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2788090 Not Applicable Zip 7in Country Country \$8.75 Additional 5. Certificate of Status Desired 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) CONZALEZ, JOE M. 1519 N. DALE MABRY, SUITE 100 **LUTZ FL 33549** 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: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. П FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD ☐ Addition TITLE ☐ Delete TITLE ☐ Change COLE. ROBERT NAME NAME STREET ADDRESS 11710 TOM FOLSON ROAD STREET ADDRESS CITY-ST-ZIP THONOTOSASSA FL CITY-ST-ZIP ٧D ☐ Addition TITLE ☐ Delete TITL F ☐ Change JOYNER, SAMUEL NAME STREET ADDRESS 6608 N. 33RD STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33610 □ Delete TITLE ☐ Change Addition MCBRIDE, ANTHONY NAME NAME STREET ADDRESS 8411 BARRETT PL. STREET ADDRESS CITY-ST-7IP CITY-ST-7IP **TAMPA FL 33610** ☐ Change ☐ Addition TITLE ☐ Defete TITLE ANDERSON, RAYMOND NAME NAME STREET ADDRESS 16712 FOOTHILL DR STREET ADDRESS CITY-ST-ZIP TAMPA FL 33624 CITY-ST-ZIP TITI F TITLE Change ☐ Addition ☐ Delete SCOTT, FRANK NAME NAME STREET ADDRESS 1911 EAST EMMA STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition PURIFY, ALMA R NAME NAME STREET ADDRESS 8104 JAD DRIVE STREET ADDRESS CITY-ST-ZIP 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 eath; that I am an officer or director

SIGNATURE: April 17, 2001 (813) 248-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR SIGNATURE AND T

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.