

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90070 028 \*\*\*\*61.25

**DOCUMENT # 706306**

1. Entity Name

**FIRST BAPTIST CHURCH OF COLLEGE HILL, INC.**

Principal Place of Business

Mailing Address

3838 NORTH 29TH STREET  
 TAMPA FL 33610  
 US

3838 NORTH 29TH STREET  
 TAMPA FL 33610  
 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

**59-2788090**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONZALEZ, JOE M.**  
 1519 N. DALE MABRY, SUITE 100  
 LUTZ FL 33549

Name  
**Jeraldine Williams Smith, Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**2504 12th Avenue**

**Tampa, Florida 33605**

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.

2504 12th Avenue  
 Tampa, Florida 33605

SIGNATURE **Jeraldine Williams Smith, Esq.**

*Jeraldine Williams Smith*

April 30, 2002

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD COLE, ROBERT 11710 TOM FOLSON ROAD THONOTOSASSA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOYNER, SAMUEL 6608 N. 33RD STREET TAMPA FL 33610	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCBRIDE, ANTHONY 8411 BARRETT PL. TAMPA FL 33610	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, RAYMOND 16712 FOOTHILL DR TAMPA FL 33624	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, FRANK 1911 EAST EMMA STREET TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PURIFY, ALMA R 8104 JAD DRIVE TAMPA FL 33619	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Clark, Janet 15827 Glenarn Drive Tampa, Florida 33618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Pinder, Louis 6304 North Queensway Drive Tampa, Florida 33617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Campbell, Sr., Willie 3203 East Hanna Avenue Tampa, Florida 33610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lee, Fannie 3512 East McBerry Tampa, Florida 33610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Baker, Patricia 4409 Maren Trace LN Valrico, Florida 33594	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 Purify**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

(813) 248-6600

Date Daytime Phone #

CR2E037 (9/01)