

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706684

1. Entity Name

TRUSTEES OF FIRST ADVENT CHRISTIAN CHURCH OF TAM

Principal Place of Business

ADVENT CHRISTIAN CHURCH
919 WEST KIRBY
TAMPA FL 33604

Mailing Address

ADVENT CHRISTIAN CHURCH
919 WEST KIRBY
TAMPA FL 33604-4705

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BRANAN, FRANCES
311 W. HILDA STREET
TAMPA FL 33603

7. Name and Address of New Registered Agent

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.

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

TITLE P ☐ Delete

NAME BRANAN, FRANCES R.
STREET ADDRESS 311 W. HILDA ST.
CITY-ST-ZIP TAMPA FL

TITLE VD ☐ Delete

NAME TUVELL, PAUL
STREET ADDRESS 418 W NORTH BAY ST
CITY-ST-ZIP TAMPA FL

TITLE S ☒ Delete

NAME HETT, CINDY
STREET ADDRESS 528 2ND AVE SW
CITY-ST-ZIP LUTZ FL

TITLE T ☒ Delete

NAME HETT, STEVEN
STREET ADDRESS 528 2ND AVE SW
CITY-ST-ZIP LUTZ FL

TITLE D ☐ Delete

NAME TURELL, LINDA
STREET ADDRESS 11331 BROADVIEW DR.
CITY-ST-ZIP SEFFNER FL 33584

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition

NAME Paul Tuvell
STREET ADDRESS 1017 Bennett Lane
CITY-ST-ZIP Brooksville FL 34609-6463

TITLE ☒ Change ☐ Addition

NAME Secretary
STREET ADDRESS Reg Williams
CITY-ST-ZIP 2611 Fiddlestick Circle
Lutz FL 33549

TITLE ☒ Change ☐ Addition

NAME Treasurer
STREET ADDRESS MARSHA Mandolini
CITY-ST-ZIP 2202 Dumbarton Way
Valrico FL 33594

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Reg Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 March 2000 813 852 8557

Date

Daytime Phone #

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90027 001 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0998542

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required