

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-04-2000 90032 029 ****61.25

DOCUMENT # 708637

1. Entity Name

CAUSEWAY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**3015 SOUTH 75TH STREET
 TAMPA FL 33619**

**3015 SOUTH 75TH STREET
 TAMPA FL 33619-6415**

B0013222



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1765911

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, JAMES R
 3015 SOUTH 76TH STREET
 TAMPA FL 33619**

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:

James R. Jones

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **P**
 STREET ADDRESS **DOMINGUEZ, RICH R A**
 CITY-ST-ZIP **6206 WATERMARK DR., #105
 RIVERVIEW FL 33569**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD**
 STREET ADDRESS **JONES, JAMES R**
 CITY-ST-ZIP **3013 SOUTH 76TH STREET
 TAMPA FL 33619**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
 STREET ADDRESS **BRIDGES, PHYLLIS**
 CITY-ST-ZIP **1307 WINDSOR WAY
 TAMPA FL 33619**

TITLE Change Addition
 NAME **T**
 STREET ADDRESS **ROGES, DARLENE**
 CITY-ST-ZIP **7111 PRINCETON PLACE
 TAMPA, FL 33619**

TITLE Delete
 NAME **D**
 STREET ADDRESS **BRIDES, JAMIE**
 CITY-ST-ZIP **1307 WINDSOR WAY
 TAMPA FL 33619**

TITLE Change Addition
 NAME **D**
 STREET ADDRESS **BRIDGES, JAMES**
 CITY-ST-ZIP **1307 WENDSOR WAY
 TAMPA, FL 33619**

TITLE Delete
 NAME **D**
 STREET ADDRESS **WEBB, ED**
 CITY-ST-ZIP **1710 WINDSOR WAY
 TAMPA FL 33619**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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:

James R. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #