


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2007 8:00 am**  
**Secretary of State**

01-12-2007 90016 041 \*\*\*\*61.25

**DOCUMENT # 708637**

1. Entity Name  
**CAUSEWAY BAPTIST CHURCH, INC.**



Principal Place of Business  
**3015 SOUTH 75TH STREET  
 TAMPA, FL 33619**


Mailing Address  
**3015 SOUTH 75TH STREET  
 TAMPA, FL 33619**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



01062007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1765911**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DOMINGUEZ, RICH R A	
STREET ADDRESS	9412 STAR GAZER LANE	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JONES, JAMES R	
STREET ADDRESS	3013 SOUTH 76TH STREET	
CITY-ST-ZIP	TAMPA, FL 33619	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACK, DAVIS	
STREET ADDRESS	1718 WINDSOR WAY	
CITY-ST-ZIP	TAMPA, FL 33619	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEBB, ED	
STREET ADDRESS	1710 WINDSOR WAY	
CITY-ST-ZIP	TAMPA, FL 33619	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JOY, PHILIPPUS	
STREET ADDRESS	409 N BRYAN CIRCLE	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASST TR	
STREET ADDRESS	TAD LOCK JO	
CITY-ST-ZIP	3040 S 78th ST TAMPA FL 33619	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** \_\_\_\_\_ **1/7/07** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #