

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90156 004 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1765911**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



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

SIGNATURE _____ (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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | DOMINGUEZ, RICH R A | |
| STREET ADDRESS | 6206 WATERMARK DR., #105 | |
| 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 type="checkbox"/> Delete |
| NAME | JOY, PHILIPPUS | |
| STREET ADDRESS | 409 N BRYAN CIRCLE | |
| CITY-ST-ZIP | BRANDON FL 33511 | |
| TITLE | | <input type="checkbox"/> Delete |

| | | |
|----------------|--|---|
| 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 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 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: *[Signature]* **REQUIRED**

1/8/03

CR2E037 (10/02)