

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90081 043 ****61.25

DOCUMENT # 709253	
1. Entity Name	
SOUTHSHORE BAPTIST CHURCH, INC. OF HILLSBOROUGH COUNTY	

Principal Place of Business	Mailing Address
14036 S. US HWY 301 RIVERVIEW FL 33569 US	P.O. BOX 978 RIVERVIEW FL 33568

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number		Applied For	
80-1111111		☐ Not Applicable	
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	
GASTON, RICHARD 3719 GAVIOTA DRIVE RUSKIN FL 33573		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 _____
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 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TERPENING, TIMOTHY	NAME	
STREET ADDRESS	10529 OPUS DR	STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL 33569	CITY-ST-ZIP	
TITLE	PD ☐ Delete	TITLE	PD ☒ Change ☐ Addition
NAME	RICH, LESLIE	NAME	Rich, Leslie
STREET ADDRESS	3801 BEECHWOOD BLVD.	STREET ADDRESS	12931 Early Run Ln
CITY-ST-ZIP	TAMPA FL 33619	CITY-ST-ZIP	Riverview, FL 33569
TITLE	VD ☐ Delete	TITLE	VD ☒ Change ☐ Addition
NAME	HAGEL, AL	NAME	Hagel, Al
STREET ADDRESS	8523 RENALD BLVD.	STREET ADDRESS	13410 Silvercreek Dr
CITY-ST-ZIP	TAMPA FL 33637	CITY-ST-ZIP	Riverview, FL 33569
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Leslie Rich* *Leslie Rich* *2-27-05* *813-741-3140*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #