

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90039 046 \*\*\*\*61.25

**DOCUMENT # 709295**

1. Entity Name

**FIRST BAPTIST CHURCH OF TEMPLE HEIGHTS, INC.**

Principal Place of Business

Mailing Address

8406 46TH STREET  
 TAMPA FL 33617

8406 46TH STREET  
 TAMPA FLA 33617-6910

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1274196**

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

**PERRY, ANTHONY G**  
**3635 WOODHILL DR**  
**BRANDON FL 33511**

Name

*James H. Wigton*

Street Address (P.O. Box Number is Not Acceptable)

*15103 Nighthawk Drive*

City

*Tampa,*

**FL**

Zip Code

*33625*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME **WIGTON, JAMES H.**  
 STREET ADDRESS **15103 NIGHTHAWK DR**  
 CITY-ST-ZIP **TAMPA FL 33625**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **KELLEY, N A**  
 STREET ADDRESS **1428 HOUNDS HOLLOW CT.**  
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **BAILIE, CLAYTON A**  
 STREET ADDRESS **27107 SEA BREEZE WAY**  
 CITY-ST-ZIP **WESLEY CHAPEL FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD**  Delete  
 NAME **MCNEAL, GARY**  
 STREET ADDRESS **4613 E SERENA DR**  
 CITY-ST-ZIP **TAMPA FL 33617**

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

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 H. Wigton* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-29-00*

*813-985-9889*

Date

Daytime Phone #

CR2E037 (9/99)