

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709295

1. Entity Name

FIRST BAPTIST CHURCH OF TEMPLE HEIGHTS, INC.

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

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

Principal Place of Business Mailing Address  
8406 46TH STREET 8406 46TH STREET  
TAMPA FL 33617 TAMPA FLA 33617-6910

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 59-1274196 Applied For 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

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 S ☐ Delete  
NAME KELLEY, N A  
STREET ADDRESS 1428 HOUNDS HOLLOW CT.  
CITY-ST-ZIP LUTZ FL 33549  
TITLE TD ☐ Delete  
NAME BAILIE, CLAYTON A  
STREET ADDRESS 27107 SEA BREEZE WAY  
CITY-ST-ZIP WESLEY CHAPEL FL  
TITLE VPD ☐ Delete  
NAME MCNEAL, GARY  
STREET ADDRESS 4613 E SERENA DR  
CITY-ST-ZIP TAMPA FL 33617  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
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* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-00

813-985-9889

Date

Daytime Phone #

CR2E037 (9/99)