

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90077 030 \*\*\*\*61.25

**DOCUMENT # 710161**

1. Entity Name  
**THE NORTH ROME BAPTIST CHURCH, INC.**



Principal Place of Business  
**6815 N ROME AVENUE  
TAMPA, FL 33604**

Mailing Address  
**6815 N ROME AVENUE  
TAMPA, FL 33604**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1198244**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CARDINALE, CARDUN L  
8106 NORTH ROME AVE  
TAMPA, FL 33604**

**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

*Carolyn L Cardinale*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4/15/2008*

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 checked="" type="checkbox"/> Delete
NAME	LOCKE, DALE	
STREET ADDRESS	8501 NORTH 50TH ST #1709	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WOOLARD, CLARA	
STREET ADDRESS	2807 LORRAINE	
CITY-ST-ZIP	TAMPA, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HIPP, JOE	
STREET ADDRESS	1206 EAST CLIFTON ST	
CITY-ST-ZIP	TAMPA, FL 336046810	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WESTERMAN, KENNETH	
STREET ADDRESS	7306 COARSEY DR	
CITY-ST-ZIP	TAMPA, FL	
TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	CARDINALE, CAROLYN	
STREET ADDRESS	8106 N ROME AVE	
CITY-ST-ZIP	TAMPA, FL 33604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN MILLER	
STREET ADDRESS	14508 SUTTER PLACE	
CITY-ST-ZIP	TAMPA, FL 33625	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORIS WANDENBERG	
STREET ADDRESS	1207 WEST HAMILTON	
CITY-ST-ZIP	TAMPA, FL 33604	
TITLE	TREASURY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSE HARDEN	
STREET ADDRESS	8807 ASCOT COURT	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHELLE CHUMBLEY	
STREET ADDRESS	8110 N. ROME AVE	
CITY-ST-ZIP	TAMPA FL 33604	
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:

*Susan S. Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/16/08*  
Date

*813-935-8809*  
Daytime Phone #