2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2002 8:00 am
Secretary of State
08-07-2002 90197 016 ****61.25

DOCUMENT # 710220

1. Entity Name

BELMONT BAPTIST CHURCH, INC. OF TAMPA, FLORIDA

Principal Place of Business	Mailing Address
~~GALE WHITEHEAD~~ 7830 N.56 ST. TAMPA FL 33617 US	~~GALE WHITEHEAD~~ 7830 N.56 ST. TAMPA FL 33617 US

[redacted]

DO NOT WRITE IN THIS SPACE

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 59-0760196 ☐ 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
DANIELS, PAUL 2202 TAYLOR LN TAMPA FL 33618	Name: Clifford KLAY Street Address (P.O. Box Number is Not Acceptable): 7119 Wrenwood Cir City: Tampa FL Zip Code: 33617

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: Clifford Klay (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: July 15 2002

After September 13, 2002, min. will be $236.25.	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLAY, CLIFFORD 7119 WRENWOOD CIR TAMPA FL	☐ Delete	D Gene White, Sr. Pastor 7830 NO. 56th St. Tampa, FL 33617	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROSS, TED 406 BELLEVIEW TEMPLE TERRACE FL	☑ Delete	D Steve Wells 2247 Tioga Dr Land O' Lakes, FL 34639	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	A YORK, SCOTT 7830 N. 56TH ST TAMPA FL 33617	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT DANIELS, PAUL E 2202 TAYLOR LANE TAMPA FL 33618	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RICE, BEN 517 GARRARD DR TAMPA FL 33617	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WELLS, RONALD 8302 GROVE VIEW RD TAMPA FL 33617	☐ Delete		☐ Change ☐ Addition

CR2E037 (4/02)

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 July 15 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #