

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 715312

1. Entity Name
TOWN & COUNTRY BAPTIST CHURCH OF TAMPA, INC.



Principal Place of Business
7601 JACKSON SPRINGS RD.
TAMPA, FL 33615

Mailing Address
7601 JACKSON SPRINGS RD.
TAMPA, FL 33615



DO NOT WRITE IN THIS SPACE

01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1225359

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAINES, DONALD
8711 MATWOOD COURT
TAMPA, FL 33635

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CD
ODUM, HIRAM C
8323 TERRACE WOOD CIRCLE
TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
DAVIS, JAMES V
11906 SUGAR TREE DRIVE
TAMPA, FL 33625

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
HAINES, DONALD
8711 MATWOOD CT
TAMPA, FL 33635

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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04/11/05-80098-009 70.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813 886 8494
Daytime Phone #