

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 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**



01122006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-1225359

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fees Required

DO NOT WRITE IN THIS SPACE

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 re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

1100000420550
02/15/06-80062-012 70.00

**DO NOT WRITE
IN THIS SPACE**

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:

Donald Haines Secretary, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/06 (813) 886-8494
Date Daytime Phone