


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 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
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01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1225359	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/02/07-80033-020 70:00

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: *Don Haines*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-07

Date

813-886-8494

Daytime Phone #