

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90200 034 ****70.00

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1225359**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HAINES, DONALD
8711 MATWOOD COURT
TAMPA FL 33635**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

DONALD HAINES **4-14-03** **813/886-8494**

CR2E037 (10/02)