

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

**FILED**  
**Jul 18, 2003 8:00 am**  
**Secretary of State**

07-18-2003 90079 050 \*\*\*\*70.00

**DOCUMENT # 729760**

1. Entity Name

**TRUSTEE CORPORATION OF THE FIRST BAPTIST CHURCH  
OF ZEPHYRHILLS, INC.**



Principal Place of Business

**38231 5TH AVENUE  
ZEPHYRHILLS FL 33542**

Mailing Address

**38231 5TH AVENUE  
ZEPHYRHILLS FL 33542**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0700562**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ODOM, STEPHEN T.  
38231 5TH AVENUE  
ZEPHYRHILLS FL 33542**

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  
After September 10, 2003, min will be \$236.25**

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  Delete  
NAME **T POTTER, THOMAS E**  
STREET ADDRESS **7735 SHANNON LANE**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **TS BARRENTINE, RON**  
STREET ADDRESS **34540 APPALOOSA TR**  
CITY-ST-ZIP **ZEPHYRHILLS FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **TCP EVANS, GEORGE**  
STREET ADDRESS **6917 LUM DRIVE**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **T SMITH, DOY**  
STREET ADDRESS **30857 COUNTY RD 54**  
CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **T CHRISTY, DONALD P**  
STREET ADDRESS **34135 TREE LAKE DRIVE**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33543**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
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:

*Signature Required* **Don Christy** 7-16-03 7825574

CR2E037 (4/03)