

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90073 043 ****61.25

DOCUMENT # 734922

1. Entity Name

FAITH INDEPENDENT MISSIONARY BAPTIST CHURCH, INC

Principal Place of Business

Mailing Address

**2805 SILVER LAKE AVE.
TAMPA FL 33614**

**2805 SILVER LAKE AVE.
TAMPA FL 33614**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2412492

Applied For

Not Applicable

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

**RILEY, WILLIAM M.
8749 EXPOSITION DR.
TAMPA FL 33626**

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **WORLEY, RON**
CITY-ST-ZIP **6635 68TH AVE
PINELLAS PARK FL 34666**

TITLE ☒ Change ☐ Addition
NAME **T**
STREET ADDRESS **Worley Rodney**
CITY-ST-ZIP **6635 68th Ave
Pinellas Park, FL 34666**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **RILEY, WILLIAM M**
CITY-ST-ZIP **8749 EXPOSITION DR.
TAMPA FL**

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **PARTIN, RON**
CITY-ST-ZIP **2802 N MORGAN ST
TAMPA FL 33602**

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **BROWN, ELBERT**
CITY-ST-ZIP **701 E ANNIE STREET
TAMPA FL 33612**

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

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:

William M. Riley
WILLIAM M. RILEY

2-06-02

CR2E037 (9/01)