

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 735112**

1. Entity Name

**TRUSTEES, TAYLOR MEMORIAL BAPTIST CHURCH OF TAMP****FILED****Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90497 001 \*\*\*\*61.25

Principal Place of Business

**3040 WEST CYPRESS STREET  
TAMPA FL 33609**

Mailing Address

**3040 WEST CYPRESS STREET  
TAMPA FL 33609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-0704724**

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

**KENNEDY, PIERRE  
3040 WEST CYPRESS STREET  
TAMPA FL 33609**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HUNNINGTOM, BETTY</b>	
STREET ADDRESS	<b>4735 IOWA</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>GARCIA, MARIO</b>	
STREET ADDRESS	<b>2401 BAYSHORE BLVD</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>EARNEST, ARTHUR</b>	
STREET ADDRESS	<b>4701 WISHART BLVD</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>CAYTON, ELMA</b>	
STREET ADDRESS	<b>6205 NORTH ROME</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KLINGER, FORREST</b>	
STREET ADDRESS	<b>2930 LASALLE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33607</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KELLY, KENNETH</b>	
STREET ADDRESS	<b>903 LANEWOOD DR</b>	
CITY-ST-ZIP	<b>SEFFNER FL 33584</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/01

Date

813-876-6194

Daytime Phone #

CR2E037 (10/00)