

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90049 008 ****61.25

DOCUMENT # 735112

1. Entity Name

TRUSTEES, TAYLOR MEMORIAL BAPTIST CHURCH OF
TAMPA, INC.



Principal Place of Business

Mailing Address

3040 WEST CYPRESS STREET
TAMPA FL 33609

3040 WEST CYPRESS STREET
TAMPA FL 33609

2. Principal Place of Business

3841 Bruton Rd

3. Mailing Address

5814 N. Dormany Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plant City FL

City & State

Plant City FL

Zip

33565

Country

USA

Zip

33565

Country

USA

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

KENNEDY, PIERRE
3040 WEST CYPRESS STREET
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5814 N. Dormany Rd

City

Plant City

FL

Zip Code

33565

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
Due By May 1, 2004**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUNNINGTON, BETTY	
STREET ADDRESS	4735 IOWA	
CITY - ST - ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, MARIO	
STREET ADDRESS	2401 BAYSHORE BLVD	
CITY - ST - ZIP	TAMPA FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	EARNEST, ARTHUR	
STREET ADDRESS	4701 WISHART BLVD	
CITY - ST - ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	KENNEDY, DARLENE	
STREET ADDRESS	5814 N. DORMANY RD.	
CITY - ST - ZIP	PLANT CITY FL 33565	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLINGER, FORREST	
STREET ADDRESS	2930 LASALLE	
CITY - ST - ZIP	TAMPA FL 33607	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, KENNETH	
STREET ADDRESS	903 LANEWOOD DR	
CITY - ST - ZIP	SEFFNER FL 33584	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peggy Clark	
STREET ADDRESS	516 Leverett Rd	
CITY - ST - ZIP	Seffner, FL 33584	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Lundy	
STREET ADDRESS	6702 Gunn Highway	
CITY - ST - ZIP	Tampa, FL 33625	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gilbert L. Bennett	
STREET ADDRESS	907 Lakeview Dr	
CITY - ST - ZIP	Wimauma, FL 33598	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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:

Darlene Kennedy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Darlene Kennedy 3/11/04 813 986 9400
Date Daytime Phone #