

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 735112

1. Entity Name

TRUSTEES, TAYLOR MEMORIAL BAPTIST CHURCH OF
TAMPA, INC.



FILED
Apr 26, 2007 08:00 AM
Secretary of State

Principal Place of Business Mailing Address
5814 N DORMANY RD 5814 N DORMANY RD
PLANT CITY FL 33565 PLANT CITY FL 33565



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/06)

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
5814 N DORMANY RD
PLANT CITY FL 33565

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 resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
D	CLARK, PEGGY	516 LEVERETT RD	SEFFNER FL 33584	<input type="checkbox"/>
TD	LUNDY, RICHARD	6702 GUNN HIGHWAY	TAMPA FL 33625	<input type="checkbox"/>
V	BENNETT, GILBERT L	907 LAKEVIEW DR	WIMAUMA FL 33598	<input type="checkbox"/>
S	KENNEDY, DARLENE	5814 N. DORMANY RD.	PLANT CITY FL 33565	<input type="checkbox"/>
D	GREEN, HAROLD	5814 N DORMANY RD	PLANT CITY FL 33565	<input type="checkbox"/>
D	KELLY, KENNETH	903 LANEWOOD DR	SEFFNER FL 33584	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

U00000735067
05/10/07-80018-023 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* Darlene Kennedy, Sec 4/23/07 813 986-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #