

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

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90105 030 ****61.25

DOCUMENT # 735256

1. Entity Name

**FIRST CHRISTIAN CHURCH (DISCIPLES OF CHRIST) OF
TAMPA, FLORIDA, INC.**



Principal Place of Business

**350 HYDE PARK
TAMPA FL 33606**

Mailing Address

**350 HYDE PARK
TAMPA FL 33606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0737875**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WASCOVICH, CRAIG
350 HYDE PARK AVE
TAMPA FL 33606**

7. Name and Address of New Registered Agent

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/8/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete
NAME **WOOD, SYLVIA**
STREET ADDRESS **3306 E. YUKON**
CITY-ST-ZIP **TAMPA FL 33604**

TITLE **DV** ☒ Delete
NAME **CHAMBERS, CAROL**
STREET ADDRESS **10306 CASA PALERMO DR. #4**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **T** ☐ Delete
NAME **THOMPSON, JANE**
STREET ADDRESS **208 LAKE PARSONS GREEN, #415**
CITY-ST-ZIP **BRANDON FL**

TITLE **S** ☒ Delete
NAME **ROWELL, SUE**
STREET ADDRESS **6302 PALM RIVER DR.**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition
NAME **Carol Chambers**
STREET ADDRESS **10306 Casa Palermo Dr. #4**
CITY-ST-ZIP **Riverview, FL 33569**

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

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

TITLE **S** ☒ Change ☐ Addition
NAME **Sylvia Wood**
STREET ADDRESS **3306 E. Yukon**
CITY-ST-ZIP **Tampa, FL 33604**

TITLE **DV** ☒ Change ☐ Addition
NAME **KELLY BITTICK**
STREET ADDRESS **4106 W. MULLEN AVE**
CITY-ST-ZIP **TAMPA, FL 33609**

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] **JANE THOMPSON**

2/3/03

CR2E037 (10/02)