2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736936

FILED
May 02, 2000 8:00 am
Secretary of State
05-02-2000 90152 043 ****61.25

1. Entity Name

FOREST HILLS CHRISTIAN CHURCH OF TAMPA, INC.

Principal Place of Business	Mailing Address
10902 NORTH ARMENIA AVENUE TAMPA FL 33612-2099	10902 NORTH ARMENIA AVENUE TAMPA FL 33612-5002

DO NOT WRITE IN THIS SPACE

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 59-1302210 ☐ 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
CLEMMONS, CHARLES 3424 HUNTERS RUN LANE TAMPA FL 33614	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 X Charles Clemmons 813/932-3841

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLEMMONS, CHARLES 3424 HUNTERS RUN LN TAMPA FL 33614	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC LAHUR, CHESTER 4715 GROVEPOINT TAMPA FL 33624	☐ Delete	DC LAHUE, CHESTER 4715 GROVE POINT TAMPA FL 33624	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, RICHARD 17127 RICH JO CIR LUTZ FL 33549	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALSIP, OSCAR 16612 BLENHEIM DR LUTZ FL 33549	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D RALPH FISHER 3404 MCFARLAND RD TAMPA FL 33618	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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: X Christine Lockhart 4/24/00 813/932-3844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #