FILED

CHESTER LAHUE 7/1/0

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jul 12, 2001 8:00 am **DOCUMENT # 736936 Secrétary of State** 1. Entity Name 07-12-2001 90002 042 ****61.25 FOREST HILLS CHRISTIAN CHURCH OF TAMPA, INC. Principal Place of Business Mailing Address 10902 NORTH ARMENIA AVENUE 10902 NORTH ARMENIA AVENUE TAMPA FL 33612-2099 TAMPA FL 33612-2099 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1302210 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLEMMONS, CHARLES 3424 HUNSERS RUN LANE TAMPA FL 33614 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition (5/01) TITLE ☐ Delete TITLE Change **CLEMMONS, CHARLES** NAME NAME 3424 HUNTERS RUN LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33614 CITY-ST-ZIP DC TITLE TITLE LAHUR, CHESTER NAME NAME CHESTER 4715 SEOVEPOINT STREET ADDRESS STREET ADDRESS 26824 CITY-ST-7IP... = TAMPA FL 33624. 🖘 CITY-ST-ZIP. ☐ Addition TITLE Delete TITLE MILLER, RICHARD NAME NAME STREET ADDRESS 17127 RICH JO CIR STREET ADDRESS CITY-ST-ZIP **LUTZ FL 33549** CITY-ST-ZIP ☐ Addition TITLE ☐ Change Delete TITLE ALSIP, OSCAR NAME NAME 16612 BLENHEIM DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **LUTZ FL 33549** CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition RALPH FISHER FISHCER, RALPH 3404 MC FARLAND RD STREET ADDRESS 3404 MCFARLAND RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33618 €** Delete TITLE TITLE Change Addition JONA THAN NAME NAME TAMPA FL STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 33614 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 a other five empowered.