# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 10, 2002 8:00 am**
**Secretary of State**
04-10-2002 90452 002 ****61.25

0040609

DOCUMENT # 736936

1. Entity Name

FOREST HILLS CHRISTIAN CHURCH OF TAMPA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 10902 NORTH ARMENIA AVENUE<br>TAMPA FL 33612-2099 | 10902 NORTH ARMENIA AVENUE<br>TAMPA FL 33612-2099 |

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~~ 59-2336360 CHANGE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

LAHUE, CHESTER
26824 ROSEANN PLACE
LUTZ FL 33549

**7. Name and Address of New Registered Agent**

Name ROSE, RICHARD

Street Address (P.O. Box Number is Not Acceptable) 4106 INTERLAKE DR

City TAMPA FL Zip Code 33624

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 [signature] RICHARD ROSE CHAIRMAN OF ELDERS 3/31/02

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<br>CLEMMONS, CHARLES<br>3424 HUNTERS RUN LN<br>TAMPA FL 33614 | ☐ Delete | DC<br>ROSE, RICHARD<br>4106 INTERLAKE DR<br>TAMPA FL 33624 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DC<br>LAHUR, CHESTER<br>26824 ROSEANN PLACE<br>LUTZ FL 33549-8528 | ☐ Delete | D<br>LAHUE, CHESTER<br>26824 ROSEANN PL<br>LUTZ FL 33549-8528 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MILLER, RICHARD<br>17127 RICH JO CIR<br>LUTZ FL 33549 | ☒ Delete | D<br>MARSH, HARRY<br>14914 HARDY DR W<br>TAMPA, FL 33613 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ALSIP, OSCAR<br>16612 BLENHEIM DR<br>LUTZ FL 33549 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>~~FISHCER~~, RALPH<br>3404 MCFARLAND ROAD<br>TAMPA FL 33618 | ☐ Delete | D<br>FISHER, M. RALPH<br>3404 MCFARLAND RD<br>TAMPA FL 33618 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BEARD, JONATHAN<br>2801 W ROBSON<br>TAMPA FL 33614 | ☒ Delete | D | ☐ Change ☐ Addition |

CR2E037 (9/01)

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] SIGNATURE REQUIRED RICHARD ROSE 3/31/02 813/932-3841

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