

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

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90164 044 ****61.25

DOCUMENT # 736936

1. Entity Name

FOREST HILLS CHRISTIAN CHURCH OF TAMPA, INC.



Principal Place of Business

**10902 NORTH ARMENIA AVENUE
TAMPA FL 33612-2099**

Mailing Address

**10902 NORTH ARMENIA AVENUE
TAMPA FL 33612-2099**

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 **59-2336360**

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

**ROSE, RICHARD
4106 INTERLAKE DRIVE
TAMPA FL 33624**

Name

Charles Clemmons

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

3424 Hunters Run Ln

City

Tampa

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Charles Clemmons

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

(NOTE: Registered Agent signature required when reinstating)

4/4/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D C**
STREET ADDRESS **CLEMMONS, CHARLES**
CITY-ST-ZIP **3424 HUNTERS RUN LN
TAMPA FL 33614**

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **LAHUE, CHESTER**
CITY-ST-ZIP **26824 ROSEANN PLACE
LUTZ FL 33549-8528**

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

TITLE ☐ Delete
NAME **ROSE, RICHARD**
STREET ADDRESS **4106 INTERLAKE DRIVE**
CITY-ST-ZIP **TAMPA FL 33624**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ALSIP, OSCAR**
CITY-ST-ZIP **16612 BLENHEIM DR
LUTZ FL 33549**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FISHER, M. RALPH**
CITY-ST-ZIP **3404 MCFARLAND ROAD
TAMPA FL 33618**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MARSH, HARRY**
CITY-ST-ZIP **14914 HARDY DRIVE WEST
TAMPA FL 33613**

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:

Charles Clemmons

4/4/03 813/932-3841

CR2E037 (10/02)