1. Entity Name

WEST HILLSBOROUGH BAPTIST CHURCH, INC.

**DOCUMENT # 738495** 

Principal Place of Business

Mailing Address

2717 W. HILLSBOROUGH AVE. **TAMPA FL 33614** 

2717 W. HILLSBOROUGH AVE.

**TAMPA FL 33614** 

2. Principal Place of Business 3. Mailing Address FILED
May 01, 2001 8:00 am<sup>½</sup>
Secretary of State

05-01-2001 90067 004 \*\*\*\*61.25

0003/147



Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State		4. FEI Number				pplied For		
							59-0830756		N	ot Applicable	
Zip		Country	Zip	Country	5. Certific		e of Status Desired [		<b>\$8.75</b> Addee Require		
Company of the Control of the Contro	7. Name and Address of New Registered Agent										
				Name	JAMES MINTON						
CHASTAIN	Street Address (P.O. Box Number is Not Acceptable)  2302 CLUSTER AVE										
2532 W.XI											
TAMPA/FL\											
ļ •	•			City	TAN	nPA -		FL	Zip Coo	604	
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 James Menton 9-20-01											
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
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	on.		I to Fees			of State	<b>(</b>				
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10											
10.	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10									
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	CITY-ST-ZIP										
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	KING, RON	IALD		NAME						J	
STREET ADDRESS	8501 N PA			STREET ADDRESS						-	
CITY-ST-ZIP -	tampa fl			CITY-ST-ZIP	1			•		}	

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:** 

Daytime Phone #