

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

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90319 029 \*\*\*\*61.25

**DOCUMENT # 738495**

1. Entity Name

**WEST HILLSBOROUGH BAPTIST CHURCH, INC.**



Principal Place of Business  
**2717 W. HILLSBOROUGH AVE.  
TAMPA FL 33614**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0830756**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KING, RONALD  
8501 NORTH PADDOCK  
TAMPA FL 33614**

Name **Chastain, William**

Street Address (P.O. Box Number is Not Acceptable)  
**2532 W. DIANA ST**

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 **WILLIAM CHASTAIN**  
**William Chastain**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-18-03**

**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 **TR** ☒ Delete  
NAME **PATTON, VIRGINIA**  
STREET ADDRESS **1102 W PENINSULA**  
CITY-ST-ZIP **TAMPA FL**

TITLE **TR - Chairman** ☐ Change ☒ Addition  
NAME **CHASTAIN, WILLIAM**  
STREET ADDRESS **2532 W. DIANA ST.**  
CITY-ST-ZIP **TAMPA, FL 33614**

TITLE **TR** ☐ Delete  
NAME **SMITH, JASON**  
STREET ADDRESS **30428 TREMONT DR**  
CITY-ST-ZIP **WESLEY CHAPEL FL 33624**

TITLE **TR** ☐ Change ☒ Addition  
NAME **SWINDLE, SEAN**  
STREET ADDRESS **5203 Sea Fare Place**  
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE **TR** ☒ Delete  
NAME **HERNANDEZ, EVERETT**  
STREET ADDRESS **3301 W. LUCOTT ST**  
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **TR** ☐ Change ☒ Addition  
NAME **Maciellan, Kelly**  
STREET ADDRESS **6405 W. Amundson**  
CITY-ST-ZIP **TAMPA, FL 33634**

TITLE **TR** ☐ Delete  
NAME **KING, RONALD**  
STREET ADDRESS **8501 N PADDOCK**  
CITY-ST-ZIP **TAMPA FL**

TITLE **TR** ☐ Change ☒ Addition  
NAME **DIAZ, WAYNE**  
STREET ADDRESS **4714 N. HABANA #2815**  
CITY-ST-ZIP **TAMPA, FL 33614**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **WILLIAM CHASTAIN**  
**William Chastain**

**4-18-03 (83) 932.4166**

CR2E037 (10/02)