

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 745909

1. Entity Name
TEMPLE CREST BAPTIST HOLDING CO.



Principal Place of Business
8425 NORTH 40TH STREET
TAMPA, FL 33604

Mailing Address
8425 NORTH 40TH STREET
TAMPA, FL 33604



04192004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2367585

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VELASCO, DEBORAH L
1430 OAKFIELD DR.
BRANDON, FL 33511

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HALL, EDWARD A.
STREET ADDRESS 4017 BIRD ST.
CITY-ST-ZIP TAMPA, FL 33604

TITLE D
NAME VELASCO, DEBORAH L
STREET ADDRESS 511 GAY RD.
CITY-ST-ZIP SEFFNER, FL 33584

TITLE STD
NAME VELASCO, RANDY G.
STREET ADDRESS 511 GAY RD
CITY-ST-ZIP SEFFNER, FL 33584

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000139340
04/29/04-80118-002 61.25

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IN THIS SPACE**

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: Deborah L. Velasco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04 (813) 681-2612
Date Daytime Phone #