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

May 05, 2003 8:00 am Secretary of State **DOCUMENT # 745909** 1. Entity Name 05-05-2003 91402 040 ****61.25 TEMPLE CREST BAPTIST HOLDING CO. Principal Place of Business Mailing Address 8425 NORTH 40TH STREET 8425 NORTH 40TH STREET TAMPA FL 33604 TAMPA FL 33604 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2367585 Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Deborah 'elasco. FARNELL, RONALD M Street Address (P.O. Box Number is Not Acceptable) 430 OokFied Dr. 17515 WILLOW POND **LUTZ FL 33549** 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. Deborah 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD **Addition** TITI F ☐ Delete TITLE Velasco, Deborah L. HALL, EDWARD A. NAME NAME 511 Gay Rd. STREET ADDRESS 4017 BIRD ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33604 celther. M Delete Change TITLE ■ Addition TITLE ALPIZAR, JOE NAME NAME STREET ADDRESS STREET ADDRESS 8722 MANDARINE PL CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33617** ☐ Delete ☐ Change ☐ Addition TITLE TITLE Velasco, randy G. NAME NAME STREET ADDRESS STREET ADDRESS 511 GAY RD CITY-ST-ZIP CITY-ST-ZIP SEFFNER FL 33584 Change ☐ Addition **⊠** Delete TITLE FARNELL, M. RONALD NAME NAME STREET ADDRESS STREET ADDRESS 1408 CURVE RD. CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33612** ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE □ Delete TITLE Addition

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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED