

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746997

1. Entity Name

BROADWAY BAPTIST CHURCH, INC.

Principal Place of Business

2016 60TH STREET
TAMPA FL 33619

Mailing Address

2108 N. 64TH STREET
TAMPA FL 33619
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, KENNETH
3635 EAST LAKE DR.
LAND O'LAKES FL 34639

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME D
SINGLEY, ELMER LEROY
STREET ADDRESS 2108 64TH STREET NORTH
CITY-ST-ZIP TAMPA FL ☒ Delete

TITLE NAME D
Sheppard, Charles
STREET ADDRESS 10420 Ojus Drive
CITY-ST-ZIP Tampa, FL. 33617 ☐ Change ☒ Addition

TITLE NAME S
SINGLEY, DOROTHY
STREET ADDRESS 2108 64TH STREET NORTH
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE NAME T
MILLER, JAMES
STREET ADDRESS 320 HYDRANGIA AVENUE
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE NAME D
KINARD, J.D.
STREET ADDRESS 6510 26TH AVENUE
CITY-ST-ZIP TAMPA FL ☒ Delete

TITLE NAME D
Ragsdale, Hubert
STREET ADDRESS 5105 Columbus Drive
CITY-ST-ZIP Tampa, FL. 33619 ☐ Change ☒ Addition

TITLE NAME D
ELVINGTON, MICHAEL
STREET ADDRESS 3752 PARKWAY BLVD
CITY-ST-ZIP LAND O LAKES FL 34639 ☐ Delete

TITLE NAME D
Elvington, Michael
STREET ADDRESS 8521 Ehren Cutoff
CITY-ST-ZIP Land O Lakes, FL. 34639 ☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE: *SIGNATURE REQUIRED* James E. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01

Date

813-935-1861

Daytime Phone #

CR2E037 (10/00)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90062 042 ****61.25



DO NOT WRITE IN THIS SPACE