

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746997

1. Entity Name

BROADWAY BAPTIST CHURCH, INC.

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90065 025 ****70.00

0078615

Principal Place of Business

Mailing Address

2016 60TH STREET
TAMPA FL 33619

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

4. FEI Number

59-2350306

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

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

CLEVELAND, DAVID

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

12008 VERMILLION WAY

City

RIVERVIEW

FL

Zip Code
33569

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 ☐ Delete
NAME D
STREET ADDRESS SHEPPARD, CHARLES
CITY-ST-ZIP 10420 OJUN DRIVE
TAMPA FL 33617

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

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

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

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

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

TITLE ☐ Delete
NAME D
STREET ADDRESS RAGSDALE, HHUBERT
CITY-ST-ZIP 5105 COLUMBUS DRIVE
TAMPA FL 33619

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

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

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

TITLE ☒ Delete
NAME D
STREET ADDRESS ELVINGTON, MICHAEL
CITY-ST-ZIP 8521 EHREN CUTOFF
LAND O LAKES FL 34639

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02

813-935-1861

Date

Daytime Phone #

CR2E037 (9/01)