

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90126 028 ****61.25

DOCUMENT # 747534

1. Entity Name

NORTH WEST BAPTIST CHURCH INC., TAMPA, FLORIDA



Principal Place of Business

**2610 SILVER LAKE AVENUE
TAMPA FL 33614**

Mailing Address

**2610 SILVER LAKE AVENUE
TAMPA FL 33614**

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 **58-2887175**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SAGENDORF, ARTHUR J
4813 CYPRESS TREE DRIVE
TAMPA FL 33624**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TT	<input type="checkbox"/> Delete
NAME	SAGENDORF, ARTHUR J	
STREET ADDRESS	4813 CYPRESS TREE DRIVE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHANNON, J.F.	
STREET ADDRESS	17918 STATE ROAD 54	
CITY-ST-ZIP	LUTZ-FL 33549	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SAMEC, MARK	
STREET ADDRESS	2523 RANCH LAKE CIRCLE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	P	<input type="checkbox"/> Delete
NAME	BOTNER, WILLIAM K	
STREET ADDRESS	5830 COVENTRY DRIVE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LANE, JOHN	
STREET ADDRESS	110 SECOND AVENUE, S.E.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORMAN YOUNGBLOOD	
STREET ADDRESS	14035 BRIARDALE LN	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN EIKEL	
STREET ADDRESS	19516 HOLLY LANE	
CITY-ST-ZIP	LUTZ FL 33558	
TITLE	S, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHIL BOTNER	
STREET ADDRESS	9101 TUDOR CAY	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Required

4/29/03 8137652640

CR2E037 (10/02)