

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90063 048 \*\*\*\*61.25

**DOCUMENT #** 748524

**1. Entity Name**

TAMPA BAY COMMUNITY CHURCH, INC.

**Principal Place of Business**

**Mailing Address**

3318 Moran Rd.  
Tampa, FL 33618

3318 Moran Road  
Tampa, FL 33618

**Date of Incorporation:** 08/14/1979

**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**

59-1936846

**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**

Jay Keller  
311 Glen Oaks Ave.  
Tampa, FL 33617

**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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	VP	Jay Keller	311 Glen Oaks Ave. Tampa, FL 33617	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	S	Mark Taylor	21293 Ayers Road Brooksville, FL 34609	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	KW Klassen	16222 Pinerock Dr. Tampa, FL 33624	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	DuMcnl, Malcolm	13547 Lake Magdalene Dr. Tampa, FL 33613	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	T	Tigue, Gail	4832 School Road Land O Lakes, FL 34639	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (1/1/00)

**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

4/11/01

813-963-2366

Date

Daytime Phone #