FILED Apr 26, 2000 8:00 am Secretary of State

DOCUMENT # 750449

1. Entity Name

TAMPA PRIMITIVE BAPTIST CHURCH, INC.

Principal Place of Business 99 WEST KERTUCKY AVENUE TAMPA R. 3800-461 2. Principal Place of Business Suite, Apr. #, etc. Suite, Ap							01-27-200	വ ഉവവദവ	050 ****	61.25		
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City & Siste City & Siste Country Country Country Country Country S. Certificate of Shatup Desided S. Name and Address of Current Registered Agent Name Name Name Name Name Name Street Address (P.O. Box Number is Not Accoptable) Street Address (P.O. Box Number is Not Accoptable) City FL Zip Code Street Address (P.O. Box Number is Not Accoptable) City FL Zip Code Street Address (P.O. Box Number is Not Accoptable) City FL Zip Code Street Address (P.O. Box Number is Not Accoptable) City FL Zip Code Street Address (P.O. Box Number is Not Accoptable) FL Zip Code Street Address (P.O. Box Number is Not Accoptable) FL Zip Code Street Address (P.O. Box Number is Not Accoptable) FL Zip Code Street Address (P.O. Box Number is Not Accoptable) FL Zip Code Street Address (P.O. Box Number is Not Accoptable) FL Zip Code Street Address (P.O. Box Number is Not Accoptable) FL Zip Code Street Address (P.O. Box Number is Not Accoptable) FL Zip Code Street Address (P.O. Box Number is Not Accoptable) FL Zip Code Street Address (P.O. Box Number is Not Accoptable) FL Zip Code Street Address (P.O. Box Number is Not Accoptable) FL Zip Code Street Address (P.O. Box Number is Not Accoptable) FL Zip Code Street Address (P.O. Box Number is Not Accoptable) FL Zip Code Ditt Zip Code Street Address (P.O. Box Number is Not Accoptable) FL Zip Code Ditt Zip Code	2. Principal Pia	ace of Business	3. Mailing Address	3. Mailing Address								
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SP-2453248 Mark Applicables Mark Applicables SP-2453248 Mark Applicables	City & State		City & State	City & State			· · · · · · · · · · · · · · · · · · ·		App	lied For		
8. Name and Address of Current Registered Agent							59-2453248					
HADAN, CARLENE 8806 PALM/ANE 1412 Deuville Dr. TAMPATR8887 Tampa, FL 33619 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. Signature Hudson Temples - President-Board of Directors July Directors Director	Zip	Country	Ζ:ρ	Zip Country		5. Certificate of	of Status Desired			ional		
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Cu	rrent Registered Agent 🤟				Address of New Re	gistered Ag	ent			
#AGENCE NAME 1412 Deuville Dr. TAMPA FL 216 Code 8. The above named entity submits this statement for the purpose of changing its registered diftice or registered agent, or both, in the state of Floridge. 8. The above named entity submits this statement for the purpose of changing its registered diftice or registered agent, or both, in the state of Floridge. 9. Election Campaign Flancing 1/12/00 1/12				ĺ	Name							
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Floridae. SIGNATURE Hudson Temples - President-Board of Directors Judgman, proof or preent name of implanted agent are 100 in a globates. (ICTT. Registered Agent synthem reduced when remindency DATE FILE NOW: FEE IS \$61.25 OFFICERS AND DIRECTORS TILE NAME NAME SIRET ADDRESS OCTY-ST-2P TAMPA FL TIE NAME SIRET ADDRESS OCTY-ST-2P TAMPA FL TIE NAME SIRET ADDRESS OCTY-ST-2P TAMPA FL TIE NAME SIRET ADDRESS OCTY-ST-2P TAMPA FL TAMPA FL TIE NAME SIRET ADDRESS OCTY-ST-2P TAMPA FL TAMPA FL TOP COAD OCTY-ST-2P TAMPA FL OCTY-ST-	HAGAN, C	APLENE Gordon,		TE			ress (P.O. Box Number is Not Acceptable)					
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. SIGNATURE Hudson Temples - President-Board of Directors	8606 PAU	MANE 1412 Det										
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THE IS \$61.25. Trust Fund Contribution.											ئة ۋ	
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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 by 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF SIGNA

1/12/00

813/996-4958

Date

Daytime Phone #