

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90169 026 \*\*\*\*61.25

**DOCUMENT # 750449**

1. Entity Name

**TAMPA PRIMITIVE BAPTIST CHURCH, INC.**

Principal Place of Business

**919 WEST KENTUCKY AVENUE  
TAMPA FL 33603-4511**

Mailing Address

**919 WEST KENTUCKY AVENUE  
TAMPA FL 33603-4511**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**59-2453248**

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GORDON, MARIE  
1412 DEUVILLE DR  
TAMPA FL 33619**

7. Name and Address of New Registered Agent

Name

**Bobby Jones**

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

**9309 OAKLEAF AVE**

City

**Tampa****FL**

Zip Code

**33612**

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

**3-10-02****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

TITLE	PTDC	<input type="checkbox"/> Delete
NAME	TEMPLES, HUDSON	
STREET ADDRESS	20564 GARDENIA DR	
CITY-ST-ZIP	LAND O'LAKES FL	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HAGAN, CARLENE	
STREET ADDRESS	8606 PALM LANE	
CITY-ST-ZIP	TAMPA FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	HEAD, RAY	
STREET ADDRESS	10413 LAKE CARROLL WAY	
CITY-ST-ZIP	TAMPA FL	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WATTON, ALFRED W.	
STREET ADDRESS	6402 N 20TH ST	
CITY-ST-ZIP	TAMPA, FL 00000	

TITLE	D	<input type="checkbox"/> Delete
NAME	KEENE, DAVID	
STREET ADDRESS	918 W VIRGINIA AVE	
CITY-ST-ZIP	TAMPA FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bobby Jones	
STREET ADDRESS	9309 OAKLEAF AVE.	
CITY-ST-ZIP	TAMPA, FL. 33612	

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		

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: **Jonathan D. Smith**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-10-02**

Date

**(813) 788-6661**

Daytime Phone #

CR2E037 (9/01)