

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764112

1. Entity Name

TRUSTEES, TITUS BAPTIST CHURCH OF RIVERVIEW, FLO

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90085 020 ****61.25

Principal Place of Business

5920 ROBERT TOLLE DR.
P.O. BOX 516
RIVERVIEW FL 33569
US

Mailing Address

P.O. BOX 516
5920 ROBERT TOLLE DR.
RIVERVIEW FL 33569
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1909765

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RICHARD HAYNES
2886 59TH WAY NORTH
ST. PETERSBURG FL 33710

Name

Wm. J. Wiggins

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

34320 BUCKHORN SPRINGS RD.

RIVERVIEW

City

FL

Zip Code

33659

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

Wm. J. Wiggins (Wm. J. Wiggins) T.C.

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
After September 13, 2000 min. will be \$236.25

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	VTD	<input checked="" type="checkbox"/> Delete
NAME	REDFIELD, GARY L	
STREET ADDRESS	1419 STAR JASMINE LN.	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CASSELTON, BILL	
STREET ADDRESS	12006 ENTRANCE WAY	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THAYER, PAUL	
STREET ADDRESS	1404 MOSS LADEN CT.	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HENDRICKS, TIM	
STREET ADDRESS	7413 PATRICIAN PL.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HAYNES, RICHARD B.	
STREET ADDRESS	2886 59TH WAY NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wm. J. Wiggins	
STREET ADDRESS	34320 BUCKHORN SPRINGS RD.	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Stephens	
STREET ADDRESS	707 FORTUNA DR	
CITY-ST-ZIP	BRANDON FL 33509	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Augie Ramos	
STREET ADDRESS	1008 TURNER DR	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Gastins	
STREET ADDRESS	6808 SIMMONS LOOP	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY Colbreath	
STREET ADDRESS	5910 WATSON RD	
CITY-ST-ZIP	RIVERVIEW FL 33569	
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:

Wm. J. Wiggins (Wm. J. Wiggins) T.C.

Date

Daytime Phone #

CR2E037 (5/00)