

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764112

1. Entity Name

TRUSTEES, TITUS BAPTIST CHURCH OF RIVERVIEW, FLO  
RIDA, INC.

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 33568  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current

WIGGINS, WILLIAM J  
34320 BUCKHORN SPRINGS RD  
RIVERVIEW FL 33659

8. The above named entity submits this statement

SIGNATURE *WILLIAM*  
Signature, typed or printed name of registered agent

*Please advise as to  
the situation with  
the FEI Number -  
From paperwork that  
I have when I took  
over as Treasurer. The  
FEI # is 59-2890425 -  
Was it changed to  
59-1909765 - if not - which  
one is correct?  
Peggy Kennedy, Treas.*

FILED  
Feb 20, 2002 8:00 am  
Secretary of State

02-20-2002 90084 016 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Number 59-1909765 Applied For  
Not Applicable

icate of Status Desired ☐ \$8.75 Additional  
Fee Required

and Address of New Registered Agent

Number is Not Acceptable)

FL

Zip Code

or both, in the state of Florida.

1-30-02  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC WIGGINS, WILLIAM 34320 BUCKHORN SPRINGS RIVERVIEW FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, JOE 6202 BRANDON CIRCLE RIVERVIEW FL 33569	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREGORY, WALT 9417 STARGAZER LANE RIVERVIEW FL 33569	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KENNEDY, ROBERT L 8202 PROVIDENCE ROAD RIVERVIEW FL 33569	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CULBREATH, GARY 5910 WATSON RD RIVERVIEW FL 33659	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *WILLIAM*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-02

Date

Daytime Phone #

CR2E037 (9/01)