

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90362 017 \*\*\*\*61.25

**DOCUMENT # 764112**

1. Entity Name

**TRUSTEES, TITUS BAPTIST CHURCH OF RIVERVIEW, FLO  
RIDA, INC. (West Bloomingdale Baptist Church, 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**

**70014785**



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

**WIGGINS, WILLIAM J  
34320 BUCKHORN SPRINGS RD  
RIVERVIEW FL 33659**

Name **FRANK ID. MONTALBANO**

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

**5920 Robert Tolle Drive**

City

**Riverview**

**FL**

Zip Code **33568**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Frank D. Montalbano**

Signature, typed or printed name of registered agent and title if applicable.

*Frank D. Montalbano*

(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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **WIGGINS, WILLIAM**  
STREET ADDRESS **34320 BUCKHORN SPRINGS**  
CITY-ST-ZIP **RIVERVIEW FL 33069**

TITLE ☐ Change ☒ Addition  
NAME **Trustee**  
STREET ADDRESS **Horton, Walter**  
CITY-ST-ZIP **2202 South MacDill Avenue  
Tampa, Florida 33629**

TITLE ☐ Delete  
NAME **GREGORY, WALT**  
STREET ADDRESS **9417 STARGAZER LANE**  
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☐ Change ☒ Addition  
NAME **Trustee, Chairman**  
STREET ADDRESS **Shivers, Sr; David J.**  
CITY-ST-ZIP **2811 Pearl Avenue  
Tampa, Florida 33611**

TITLE ☐ Delete  
NAME **KENNEDY, ROBERT L**  
STREET ADDRESS **8202 PROVIDENCE ROAD**  
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☐ Change ☒ Addition  
NAME **Trustee**  
STREET ADDRESS **Smart, James**  
CITY-ST-ZIP **8504 Parrots Landing  
Tampa, Florida 33347**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Trustee**  
STREET ADDRESS **Gregory, Max**  
CITY-ST-ZIP **4710 West Anita Boulevard  
Tampa, Florida 33611**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **Trustee**  
STREET ADDRESS **Montalbano, Frank D.**  
CITY-ST-ZIP **202 Hidden Water Circle  
Riverview, Florida 33569**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Frank D. Montalbano* **Frank D. Montalbano - 1/27/03**

CR2E037 (10/02)