

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

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

06-09-2003 90110 027 \*\*\*\*61.25

**DOCUMENT # 766231**

1. Entity Name

**BAPTIST FELLOWSHIP BIBLE COLLEGE OF TAMPA, INC.**



Principal Place of Business

**% REVEREND GEORGE SADLER, JR.**  
**505 EAST PALM AVE.**  
**TAMPA FL 33602**

Mailing Address

**% REVEREND GEORGE SADLER, JR.**  
**505 EAST PALM AVE.**  
**TAMPA FL 33602**

**00100014**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2347915**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SADLER, GEORGE JR., REV**  
**505 EAST PALM AVE.**  
**TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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**

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

TITLE **C** ☐ Delete  
NAME **LOWRY, A. LEON**  
STREET ADDRESS **2602 ARCH STREET**  
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **T** ☐ Delete  
NAME **JENKINS, T. W.**  
STREET ADDRESS **815 BLUEGRASS LANE**  
CITY-ST-ZIP **BRANDON FL 33510**

TITLE **TD** ☐ Delete  
NAME **MURRAY, MADISON**  
STREET ADDRESS **3507 N 35TH ST.**  
CITY-ST-ZIP **TAMPA FL**

TITLE **CD** ☐ Delete  
NAME **BANKS, BARTHOLOMEW**  
STREET ADDRESS **9609 WOODLAND RIDGE DRIVE**  
CITY-ST-ZIP **TAMPA FL 33617**

TITLE **TD** ☐ Delete  
NAME **GILES, JOHN L**  
STREET ADDRESS **BOYSENBERRY DRIVE**  
CITY-ST-ZIP **TAMPA FL 33635**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **TD MADISON MURRAY**  
STREET ADDRESS **3507 N. 36TH STREET**  
CITY-ST-ZIP **TAMPA, FLORIDA 33605**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **TD JOHN L. GILES**  
STREET ADDRESS **14830 CORAL BERRY DRIVE**  
CITY-ST-ZIP **TAMPA, FLORIDA 33626**

TITLE ☐ Change ☒ Addition  
NAME **S PHILLIP F. READON, SR.**  
STREET ADDRESS **806 W. BRADDOCK STREET**  
CITY-ST-ZIP **TAMPA, FLORIDA 33603**

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: George W. Sadler, Jr **George W. Sadler, Jr** 6-2-03 922-7530

CR2E037 (10/02)