

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90057 033 ****61.25

DOCUMENT # N00000003528

1. Entity Name

TRUE SHEPHERD BIBLE CHURCH, INC.



Principal Place of Business

Mailing Address

6503 N 15TH STREET
TAMPA FL 33610

9622 THERESA DRIVE
THONOTOSASSA FL 33592

2. Principal Place of Business - No P.O. Box #

9622 THERESA DR.

3. Mailing Address

9622 THERESA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Thonotosassa FL

City & State

Thonotosassa, FL

Zip

33592

Country

USA

Zip

33592

Country

USA

6. Name and Address of Current Registered Agent

BAFFORD, FRANK M
9622 THERESA DRIVE
THONOTOSASSA FL 33592

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] Pastor

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

4-16-07

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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: PCT ☐ Delete
NAME: BAFFORD, FRANK M
STREET ADDRESS: 9622 THERESA DRIVE
CITY- ST - ZIP: THONOTOSASSA FL 33592

TITLE: ST ☐ Delete
NAME: BAFFORD, CAROL E
STREET ADDRESS: 9622 THERESA DRIVE
CITY- ST - ZIP: THONOTOSASSA FL 33592

TITLE: T ☐ Delete
NAME: AUGUST, BYRON
STREET ADDRESS: 3304 W TOLEDO STREET
CITY- ST - ZIP: BROKEN ARROW OK 74012

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST - ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST - ZIP:

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:

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NAME:
STREET ADDRESS:
CITY- ST - ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-07 (813) 985-0878

Date

Daytime Phone #