2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0100002214

1. Entity Name

CHURCH OF CHRIST, INC. OF TAMPA

1409 ELGIN ST

SIGNATURE:

Principal Place of Business

Mailing Address

1409 ELGIN ST LAKELAND FL 3380

LAKELANU FL	33801	LARELAND FE 33001								
							Hil 10 11/1 10 11/1 11 11/1 11		HI AIAI (18	
2. Principal F	Place of Business E. FLETCHER Au	3. Mailing Address								
Suite, Apt.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State TAMPA FL City & State					4. FEI Number Applied F 59 - 33 40 3 9 5 Not Applie					7
Zip	Country	Zip	Country	· ·	5. Certificate of S		_{izi} \$8	.75 Add		1
33612 - 3668 HILLSBORO 6. Name and Address of Current Registered Agent			l		7 Name and Add	trace of New	ree	Require	a .	4
<u> </u>	Name.	7. Name and Address of New Registered Agent Name. 1/ A 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7								
			Street	Name. VAZOUEZ PALMIRA Street Address (P.O. Box Number is Not Acceptable)						
	, PALMIRA		Sileer	O. Box Number is	Not Acceptab				١	
	IKS PLACE D FL 33803		28	19 R	ALFOUR	A., A.	1#1			1
CANELANI	J FL 33003		City	l Are	LAND	/ V / / / / / / / / /	FL	Zip Cod	- 4362	1
8. The above	e named entity submits this statement for	r the purpose of changing its	registered office of			the State of F	iorida. I am fam	liar with,		1
are obliga	tions of registered agent.	/								١
SIGNATURE,	(Talmera V	AST								1
SIGNATORE	Signature, typed or printed name of registered agent	and tills i applicable. (NOTE	E: Registered Agent signa	ature required wh	nen reinstating)		DATE			
144	<u>.</u>					<u> </u>				1
· · · · · · · · · · · · · · · · · · ·	After September 13, 2002,	1	npaign Financing	_ \$	5.00 May Be		ake Check Pa			
	min. will be \$236.25.	Trust Fund C	contribution.	⊔ À	dded to Fees		Department o	of State	t	İ
10.	OFFICERS AND DIF	RECTORS	11.	AD	DITIONS/CHANG	L IES TO OFFICI	ERS AND DIREC	TORS IN	10	-
TITLE	PD	☐ Delete	TITLE					Change	☐ Addition	18
NAME	MOORE, VICTOR	•	NAME					_	_	1
STREET ADDRESS	2914 COUNTRY RIDGE LANE		STREET ADDRESS							15
CITY-ST-ZIP	LAKELAND FL 33801		CITY-ST-ZIP							18
TITLE	SD DEPOY	☐ Delete	TITLE					Change	Addition	۲
NAME STREET ADDRESS	STEVENS, DEBBY 1409 ELGIN ST		NAME STREET ADDRESS							
CITY-ST-ZIP	LAKELAND FL 33801		CITY-ST-ZIP							
TITLE	D	- Delete		- D -	<u> </u>		<u> </u>	Change	Addition	ł
NAME	TROUPE, VELMA	B0.000	NAME	TROVI	PE, VELMA		بإهر	o ming o	riddition	
STREET ADDRESS	1409 ELGIN ST		STREET ADDRESS	14511	CHAUCER	ct-				
CITY-ST-ZIP	LAKELAND FL 33801		CITY-ST-ZIP	TAM	PE, VELMA CHAUCER PA. FL	33613				
TITLE		☐ Delete	TITLE					Change	☐ Addition	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP		•	STREET ADDRESS CITY-ST-ZIP							1
				 				0.		┧
TITLE NAME		☐ Delete	TITLE NAME	[П	Change	☐ Addition	-
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP	1						
TITLE		☐ Delete	TITLE	1			П	Change	Addition	
NAME			NAME				_	•		
STREET ADDRESS			STREET ADDRESS							
CTTV_ST_7IP										

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.

FILED

Jul 09, 2002 8:00 am Secretary of State 07-09-2002 90019 016 ****70.00