

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90277 044 ****61.25

DOCUMENT # N01000005095

1. Entity Name

CHOICES MINISTRY TAMPA INT'L, INC.



Principal Place of Business

**6004 WILLIAMSBURG WAY
TAMPA FL 33625**

Mailing Address

**6004 WILLIAMSBURG WAY
TAMPA FL 33625**

11032256



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 **59-3732516**

Applied For

Not Applicable

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

**FOTH, KRISTY
6004 WILLIAMSBURG WAY
TAMPA FL 33625**

Name

Smyzer Roger

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

250 Siesta Lane

Largo Florida 33770

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

Roger Smyzer

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/03

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 **D** ☐ Delete
NAME **FOTH, KRISTY**
STREET ADDRESS **6004 WILLIAMSBURG WAY**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **D** ☐ Change ☒ Addition
NAME **Dee Fournie**
STREET ADDRESS **5005 Devenshire Way**
CITY-ST-ZIP **Tampa FL 33647**

TITLE **D** ☐ Delete
NAME **FOTH, STEVEN**
STREET ADDRESS **6004 WILLIAMSBURG WAY**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **D** ☐ Change ☒ Addition
NAME **CHERYL CLARK**
STREET ADDRESS **2248 Monmouth Dr**
CITY-ST-ZIP **Odessa FL 33556**

TITLE **D** ☐ Delete
NAME **YATES, DAVID**
STREET ADDRESS **2265 RANCHETTE LANE**
CITY-ST-ZIP **PALM HARBOR FL 34683-6930**

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

TITLE **T** ☐ Delete
NAME **FOTH, KRISTY**
STREET ADDRESS **6004 WILLIAMSBURG WAY**
CITY-ST-ZIP **TAMPA FL 33625**

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

TITLE **S** ☐ Delete
NAME **SMYZER, ROGER**
STREET ADDRESS **250 SIESTA LANE**
CITY-ST-ZIP **LARGO FL 33770**

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

TITLE **P** ☐ Delete
NAME **FOTH, STEVEN**
STREET ADDRESS **6004 WILLIAMSBURG WAY**
CITY-ST-ZIP **TAMPA FL 33625**

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:

NOT REQUIRED

4/23/03

813968-9665

CR2E037 (10/02)