

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


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

01-15-2003 90226 047 ****61.25

0012831

DOCUMENT # N02000002779

1. Entity Name
CHURCH OF THE RESURRECTION TAMPA, INC.



Principal Place of Business
**3230 W. FAIR OAKS AVENUE
TAMPA FL 33611**

Mailing Address
**POST OFFICE BOX 10516
TAMPA FL 33679-0516**

2. Principal Place of Business
4921 Bayshore Blvd
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Tampa FL

City & State

Zip
33611

Country
USA

Zip

Country

4. FEI Number
36 4493761

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
**CARLSON, CHARLES
601 BAYSHORE BLVD., SUITE 700
TAMPA FL 33806**

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]* DATE **7/29/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE **7/29/03** DAYTIME PHONE # **813-839-7207**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)

Attachment

44005710

NO 2000002979

Additional Directors

Carol Castleberry
4616 W Lumb Ave
Tampa, FL 33629

Dot Cooper
7325 Brookview Cir
Tampa, FL 33634

Ben Hatcher
3325 Bayshore Blvd. Unit B36
Tampa, FL 33629

Frosty Haslup
3203 W Knights Ave
Tampa, FL 33611

Terri Phillips
150 Bosphorus Ave
Tampa, FL 33606

Kathleen Vickory
3501 Bayshore Blvd, Apt 810
Tampa, FL 33629