

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

FILED
Jun 12, 2003 8:00 am
Secretary of State

05-01-2003 90827 021 ****70.00

DOCUMENT # N02000004202

1. Entity Name
FULLFILLING GOD'S PURPOSE, CHURCH, INC

Principal Place of Business
**6209 N 22ND ST
TAMPA FL 33610**

Mailing Address
**PO BOX 311453
TAMPA FL 33680-1453**

55047949

2. Principal Place of Business
18709 U.S. 41 SOUTH
Suite, Apt. #, etc.

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

City & State
Springhill, FL
Zip
34610
Country
U.S.A.

City & State
Zip
Country

4. FEI Number
02-0632523
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

**BAKER, JANICE
6209 N 22ND ST
TAMPA FL 33610**

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

(NOTE: Registered Agent signature required when reinstating)

4/26/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **BAKER, JANICE**
STREET ADDRESS **6209 N 22ND ST**
CITY-ST-ZIP **TAMPA FL 33610**

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

TITLE **SD** ☒ Delete
NAME **WOODARD, WACHENA**
STREET ADDRESS **2311 E 28TH AVE**
CITY-ST-ZIP **TAMPA FL 33605**

TITLE ☐ Change ☒ Addition
NAME **S.D. Michelle Branton**
STREET ADDRESS **644 4th South Ave. S.**
CITY-ST-ZIP **apt 10 St Petersburg FL 33701**

TITLE **TD** ☐ Delete
NAME **WHITE, LASHAWN**
STREET ADDRESS **1416 E BOUGAINVILLEA ST**
CITY-ST-ZIP **TAMPA FL 33612**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: *Janice Baker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/03 813 234 2973
Date Daytime Phone #

CR2E037 (10/02)