

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

DOCUMENT# N02000005191



1. Entity Name

TAMPA BIBLE INSTITUTE, INC.

FILED
04 APR 19 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-24
4/17/03 10637 019 6125
☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business 8305 N GRADY AVE TAMPA, FL 33614		Mailing Address 8305 N GRADY AVE TAMPA, FL 33614	
2. Principal Place of Business 8308 N GRADY AVE Suite, Apt. #, etc.		3. Mailing Address PO BOX 262107 Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33614	Country	Zip 33685	Country
4. FEI Number 27-0020499		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent TAX HOUSE CORPORATION 531 E SAMPLE RD POMPANO BEACH, FL 33064		7. Name and Address of New Registered Agent Name TAX HOUSE CORPORATION Street Address (P.O. Box Number is Not Acceptable) 1261 E SAMPLE RD City POMPANO BEACH FL Zip Code 33064	
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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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/23/04

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 NAME STREET ADDRESS CITY-ST-ZIP	DP DA SILVA, ANTONIO P 8820 BRENMAN CIRCLE #202 TAMPA, FL 33615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DA SILVA, ANTONIO P 7712 W POCAHONTAS AVE TAMPA, FL 33615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROMUALDO, ANTONIO D 5202 GINGER COVE DR #E TAMPA, FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROMUALDO, ANTONIO D 5202 GINGER COVE DR #E TAMPA, FL 33634 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROMUALDO, MIDORI 5202 GINGER COVE DR #E TAMPA, FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500033094295 04/19/04--01068--019 **236.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Day time Phone #

03-23-04 (813) 890-9084