

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 13, 2000 8:00 am
Secretary of State

05-13-2000 90025 046 ****61.25

DOCUMENT # *NO 7946*
1. Entity Name
The Christian Resource Center of Greater Tampa Bay, Inc.

Principal Place of Business *3001 East Hanna Ave. Tampa, FL 33610*
Mailing Address *P.O. Box 310598 Tampa, FL 33680-0598*

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number *59-2800289*
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Moten, Herman
8002 Tierra Verde Dr.
Tampa, FL 33617-4632

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.

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

10. OFFICERS AND DIRECTORS

TITLE	<i>P</i>	<input type="checkbox"/> Delete
NAME	<i>Moten, Herman</i>	
STREET ADDRESS	<i>8002 Tierra Verde Drive</i>	
CITY-ST-ZIP	<i>Tampa, FL 33617-4632</i>	
TITLE	<i>D</i>	<input type="checkbox"/> Delete
NAME	<i>Mims, Jason</i>	
STREET ADDRESS	<i>2421 Bucknell Drive</i>	
CITY-ST-ZIP	<i>Valrico, FL</i>	
TITLE	<i>VPO</i>	<input type="checkbox"/> Delete
NAME	<i>Borden, Malcolm J.</i>	
STREET ADDRESS	<i>2243 Lakewood Dr.</i>	
CITY-ST-ZIP	<i>Nokomis, FL</i>	
TITLE	<i>STD</i>	<input type="checkbox"/> Delete
NAME	<i>Dalton, Dean</i>	
STREET ADDRESS	<i>12500 Urmerton Rd. #85</i>	
CITY-ST-ZIP	<i>Largo, FL</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* *Herman Moten* *4/28/00* *813-238-6390*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)