

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 08:00 AM
Secretary of State

DOCUMENT # N07946

1. Entity Name
 THE CHRISTIAN RESOURCE CENTER OF GREATER TAMPA BAY, INC.

Principal Place of Business 3001 EAST HANNA AVENUE P.O. BOX 310598 TAMPA FL 336807598	Mailing Address 3001 EAST HANNA AVENUE P.O. BOX 310598 TAMPA FL 336807598
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2. Principal Place of Business 3001 EAST HANNA AVENUE	3. Mailing Address P.O. BOX 310598
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Suite, Apt. #, etc. P.O. BOX 310598	Suite, Apt. #, etc.
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City & State TAMPA FL	City & State TAMPA FL
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Zip 336800598	Country	Zip 336800598	Country
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4. FEI Number 59-2800289	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOTEN, HERMAN
 8002 TIERRA VERDE DR.
 TAMPA FL 336174632

Name
 MOTEN HERMAN RPD
 Street Address (P.O. Box Number is Not Acceptable)
 8002 TIERRA VERDE DR.
 City
 TAMPA FL Zip Code
 336177632

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 HERMAN R. MOTEN DATE 05/04/2001
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DALTON, DEAN 12500 ULMERTON RD. #85 LARGO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BORDEN, MALCOLM J. 2243 LAKEWOOD DR. NOKOMIS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOTEN, HERMAN 8002 TIERRA VERDE TAMPA FL	<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	STD MIMS, JASON D. 2421 BUCKNELL DRIVE VALRICO FL 335945720	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BORDEN, MALCOLM J. 5236 HIGHGATE COURT ZEPHYRHILLS FL 335419134	<input checked="" type="checkbox"/> Change <input 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
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)(f), 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: JASON D. MIMS STD 05/04/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)