

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 Business3001 EAST HANNA AVENUE
P.O. BOX 310598
TAMPA
336807598

FL

Mailing Address3001 EAST HANNA AVENUE
P.O. BOX 310598
TAMPA
336807598

FL

2. Principal Place of Business

3001 EAST HANNA AVENUE

3. Mailing Address

P.O. BOX 310598

Suite, Apt. #, etc.

P.O. BOX 310598

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA

FL

City & State

TAMPA

FL

4. FEI Number**59-2800289****Applied For****Not Applicable****Zip**

336800598

Country**Zip**

336800598

Country**5. Certificate of Status Desired**☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**

MOTEN, HERMAN

8002 TIERRA VERDE DR.

TAMPA

336174632

FL

7. Name and Address of New Registered Agent**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****05/04/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	STD	<input type="checkbox"/> Delete
NAME	DALTON, DEAN	
STREET ADDRESS	12500 ULMERTON RD. #85	
CITY-ST-ZIP	LARGO	FL
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BORDEN, MALCOLM J.	
STREET ADDRESS	2243 LAKEWOOD DR.	
CITY-ST-ZIP	NOKOMIS	FL
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOTEN, HERMAN	
STREET ADDRESS	8002 TIERRA VERDE	
CITY-ST-ZIP	TAMPA	FL
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	STD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MIMS, JASON D.		
STREET ADDRESS	2421 BUCKNELL DRIVE		
CITY-ST-ZIP	VALRICO	FL	335945720
TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BORDEN, MALCOLM J.		
STREET ADDRESS	5236 HIGHGATE COURT		
CITY-ST-ZIP	ZEPHYRHILLS	FL	335419134
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)(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

Daytime Phone #

CR2E037 (11/00)