

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18949

1. Entity Name

HIGHLAND MISSIONARY BAPTIST CHURCH OF TAMPA, INC

Principal Place of Business

3410 E. NORTH STREET
TAMPA FL 33610

Mailing Address

3410 E. NORTH STREET
TAMPA FL 33610-1642

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90112 025 ****70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2953813

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NELSON, MARY A.
3412 E. FERN ST.
TAMPA FL 33610

7. Name and Address of New Registered Agent

Name

Brenda J. Davis

Street Address (P.O. Box Number is Not Acceptable)

3912 E. Hanna Ave.

City

Tampa

FL

Zip Code

33610

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

Brend J. Davis

Brenda J. Davis

Jan. 18, 2000

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	D	<input type="checkbox"/> Delete
NAME	HERDS, MARCELLUS	
STREET ADDRESS	3417 E HANNA ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WADE, MILTON	
STREET ADDRESS	4511 WEBSTER STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NELSON, MARY A.	
STREET ADDRESS	3412 E FERN STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HERDS, CASSANDRA	
STREET ADDRESS	30006 45TH ST	
CITY-ST-ZIP	TAMPA FL 33605	
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	T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brenda J. Davis	
STREET ADDRESS	3912 E. Hanna Ave	
CITY-ST-ZIP	Tampa, Fl. 33610	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Morgan	
STREET ADDRESS	1123 Foggy Ridge Pkwy.	
CITY-ST-ZIP	Lutz, Fl. 33549	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dwight Davis	
STREET ADDRESS	3912 E. Hanna Ave.	
CITY-ST-ZIP	Tampa, Flg 33610	
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:

Brenda J. Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 18, 2000 813-801-2863

Date

Daytime Phone #