

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 04, 2001 08:00 AM****Secretary of State****DOCUMENT # N22495****1. Entity Name**

TAMPA COMMUNITY BIBLE CHURCH, INC.

Principal Place of BusinessC/O HERMAN MOTEN
3001 EAST HANNA AVENUE
TAMPA
33610

FL

Mailing AddressC/O HERMAN MOTEN
3001 EAST HANNA AVENUE
TAMPA
33610

FL

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

C/O HERMAN MOTEN

Suite, Apt. #, etc.
P.O. BOX 310598**City & State****City & State**

TAMPA

FL

Zip**Country****Zip**

336800598

Country**4. FEI Number****59-2800288****Applied For**

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMOTEN HERMAN
3001 EAST HANNA AVENUETAMPA
33610

FL

US

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 **HERMAN R. MOTEN****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**

TITLE	OT	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS MARK A.	
STREET ADDRESS	10610 N. 30TH ST. #48-D	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRONSON KEITH M.	
STREET ADDRESS	4105 OAKHILL CT. #62	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MOTEN RUTH	
STREET ADDRESS	8002 TIERRA VERDE DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MOTEN HERMAN	
STREET ADDRESS	8002 TIERRA VERDE DR.	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRONSON KEITH M	
STREET ADDRESS	P.O. BOX 310598	
CITY-ST-ZIP	TAMPA FL 336800598	
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: HERMAN R. MOTEN

DP

05/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)