

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N30379 1. Entity Name HIGHLAND AVENUE CHURCH OF CHRIST, INCORPORATED	
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Principal Place of Business 2800 W. HIGHLAND AVE. TAMPA, FL 33602-1418 US	Mailing Address P.O. BOX 75436 TAMPA, FL 33675
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DO NOT WRITE IN THIS SPACE



01142004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3002528	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TRONE, ORUM JR
1253 CORD GRASS CT.
ZEPHYRHILLS, FL 33543**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Orum Trone Jr.* **ORUM TRONE JR** **PD** **1-14-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLBERT, OTIS J. SR. 1510 E. 28TH STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, KENNETH 424 COLUMBIA TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRONE, ORUM JR 1253 CORD GRASS COURT WESLEY CHAPEL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BESS, CLARENCE 3204 N. 44TH ST. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWE, JOE 211 WEST GLADYS TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNCAN, CHARLES SR 805 W PARK AVENUE TAMPA, FL 33602

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01/29/04-80097-014 61.25

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: *Orum Trone Jr.* **ORUM TRONE JR** **1-14-04** **813-625-9644**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #