

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90059 001 ***61.25

DOCUMENT # N33667

1. Entity Name

TRUSTEES, HENDERSON ROAD BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

~~C/O MICHAEL PRIEST, SR.~~ *C/O Ronald A. DeForno*
 10620 HENDERSON RD
 TAMPA FL 33625
 US

~~C/O MICHAEL PRIEST, SR.~~ *C/O Ronald A. DeForno*
 10620 HENDERSON RD
 TAMPA FL 33625
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1225359

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRIEST, MICHAEL A., SR
10620 HENDERSON RD
TAMPA FL 33625

Name **RONALD A. DEFORNO**

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

10620 HENDERSON RD.

City **TAMPA**

FL

Zip Code
33625

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 *Ronald A. DeForno* *TRUSTEE* *Ronald A. DeForno* *1/18/01*
 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	PD PRIEST, MICHAEL A., SR 4006 W ANGELES ST TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTIN, WILLIAM RUSSEL 11236 WHEELING DR. TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCK, STEVE 1122 TEAKWOOD AVENUE TAMPA FL 33613	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, HAROLD 9748 ELM WAY TAMPA FL 33635	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARJESTAD, DONALD 13620 LAKE MAGOALENE BLVD TAMPA FL 33618	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, BILL 10957 BRIGHTSIDE DRIVE TAMPA FL 33624	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	M/D RONALD A. DEFORNO 5334 WINHAWK WAY LUTZ, FL 33549	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Christopher C. Robinson 5435 Ripple Creek Dr Tampa, FL 33625	<input type="checkbox"/> Change <input checked="" 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
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)(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: *Ronald A. DeForno* *RONALD A. DEFORNO* *1/18/01* *813-882-5136*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)