

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90089 001 ****61.25

DOCUMENT # N33667

1. Entity Name

TRUSTEES, HENDERSON ROAD BAPTIST CHURCH, INC.

Principal Place of Business

c/o William G. Miller

Mailing Address

c/o William G. Miller

~~c/o MICHAEL PRIEST, SR.~~

10620 HENDERSON RD

TAMPA FL 33625

US

~~c/o MICHAEL PRIEST, SR.~~

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

~~DEFORNO, RONALD~~

MILLER, William G.

10620 HENDERSON RD

TAMPA FL 33625

Name

William G. Miller

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

William G. Miller, TRUSTEE

4/17/02

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 **MD** ☒ Delete
 NAME **DEFORNO, RONALD A**
 STREET ADDRESS **5334 WINHAWK WAY**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE **MD** ☐ Change ☒ Addition
 NAME **WILLIAM G. MILLER**
 STREET ADDRESS **8435 PENTAIL CIR**
 CITY-ST-ZIP **TAMPA, FL 33625**

TITLE **D** ☐ Delete
 NAME **ROBINSON, CHRISTOPHER**
 STREET ADDRESS **5435 RIPPLE CREEK DR**
 CITY-ST-ZIP **TAMPA FL 33625**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **BUCK, STEVE**
 STREET ADDRESS **1122 TEAKWOOD AVENUE**
 CITY-ST-ZIP **TAMPA FL 33613**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **COLLINS, HAROLD**
 STREET ADDRESS **9748 ELM WAY**
 CITY-ST-ZIP **TAMPA FL 33635**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **TARUESTAD, DONALD**
 STREET ADDRESS **13620 LAKE MAGOALENE BLVD**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **JOHNSON, BILL**
 STREET ADDRESS **10957 BRIGHTSIDE DRIVE**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ Change ☐ 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:

William G. Miller

4/17/02

813-963-7217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)