

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90125 020 ****61.25

DOCUMENT # N33667

1. Entity Name

TRUSTEES, HENDERSON ROAD BAPTIST CHURCH, INC.



Principal Place of Business

**C/O WILLIAM G. MILLER
10620 HENDERSON RD
TAMPA FL 33625
US**

Mailing Address

**C/O WILLIAM G. MILLER
10620 HENDERSON RD
TAMPA FL 33625
US**

40004081



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1225359**

Applied For

Not Applicable

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

**MILLER, WILLIAM G
10620 HENDERSON RD
TAMPA FL 33625**

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

SIGNATURE

William G. Miller

WILLIAM G. MILLER

1/3/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **MD** ☐ Delete
NAME **MILLER, WILLIAM G**
STREET ADDRESS **6435 PENTAIL CIR**
CITY-ST-ZIP **TAMPA FL 33625**

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

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 **COLLINS, HAROLD**
STREET ADDRESS **9748 ELM WAY**
CITY-ST-ZIP **TAMPA FL 33635**

TITLE ☒ Change ☐ Addition
NAME **COLLINS, HAROLD**
STREET ADDRESS **8304 NATCHEZ STREET**
CITY-ST-ZIP **TAMPA, FL 33637**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **STACY, DWAYNE**
STREET ADDRESS **8304 NATCHEZ STREET**
CITY-ST-ZIP **TAMPA, FL 33637**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **CORRAN, PHILIP**
STREET ADDRESS **6408 SANTA MONICA DRIVE**
CITY-ST-ZIP **TAMPA, FL 33615**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **BURNETT, MEL**
STREET ADDRESS **6405 ELBORADO DRIVE**
CITY-ST-ZIP **TAMPA FL 33615**

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
WILLIAM G. MILLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/03 (813) 963-7217

CR2E037 (10/02)