2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N43072 Mar 01, 2000 8:00 am 1. Entity Name **Secretary of State** TRUSTEES CASTLE HEIGHTS BAPTIST CHURCH, TAMPA, F 03-01-2000 90046 013 ****61.25 Principal Place of Business Mailing Address C/O RICHARD A. RODRIGUEZ C/O RICHARD A. RODRIGUEZ P O BOX 17037 P O BOX 17037 **TAMPA FL 33682** TAMPA FL 33682-7037 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2113445 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required - 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) RODRIGUEZ, RICHARD A. 10203 N NEBRASKA AVE. **TAMPA FL 33612** Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition ☐ Delete TITLE TITLE PETERSON, TERRY A. NAME NAME STREET ADDRESS STREET ADDRESS 6802 N 15TH ST CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE TD PETERSON, ALBERT NAME NAME STREET ADDRESS STREET ADDRESS 214 W AZALEA CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Change ☐ Addition ☐ Delete TITLE TITLE SD NAME NAME MCVEHIL. MARIAN STREET ADDRESS 10314 N NEBRASKA STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TAMPA FL 33612 다 Change ☐ Addition Delete TITLE BETTY J. GAFFNEY CT. RODRIGUEZ, SHANE NAME NAME STREET ADDRESS STREET ADDRESS 906 E POINTSETTIA AVE BRANdon, Fly 33510-2641 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33612 ☐ Addition ☐ Change ☐ Delete TITLE TIT! F NAME BROWN, MAMIE NAME STREET ADDRESS STREET ADDRESS 811 E 130TH AVE. CITY-ST-ZIP CITY-ST-ZIP tampa fl ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayture Phone #

nent with an address, with all other like empowered

changed, or on an attact