

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90071 019 ****61.25

DOCUMENT # N47108

1. Entity Name

NEW SALEM MISSIONARY BAPTIST CHURCH OF TAMPA, IN C.

Principal Place of Business

Mailing Address

**405 N. OREGON AVENUE
TAMPA FL 33606**

**405 N. OREGON AVENUE
TAMPA FL 33606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2390371

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

**OGUNTEBI, FEHINTOLA
109 N. ARMENIA AVE.
STE. C
TAMPA FL 33609**

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.

SIGNATURE

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 ☒ Delete
NAME **PD READON, PHILLIP F**
STREET ADDRESS **806 NO. BRADDOCK STREET**
CITY-ST-ZIP **TAMPA FL 33603**

TITLE ☐ Change ☒ Addition
NAME **Dunnigan, Arthur**
STREET ADDRESS **4208 Nassau Street**
CITY-ST-ZIP **Tampa, FL 33607**

TITLE ☐ Delete
NAME **VD O'NEAL, LEWIS**
STREET ADDRESS **1317 NORTH-B-STREET**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☒ Change ☐ Addition
NAME **PD Readon, Phillip F.**
STREET ADDRESS **806 W. Braddock Street**
CITY-ST-ZIP **Tampa, FL 33603**

TITLE ☐ Delete
NAME **SD BEST, WYNIE K**
STREET ADDRESS **9010 ARNDALE CIRCLE**
CITY-ST-ZIP **TAMPA FL 33615**

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

TITLE ☐ Delete
NAME **TD WILSON, LINDA L**
STREET ADDRESS **4122 W. GRACE STREET**
CITY-ST-ZIP **TAMPA FL 33607**

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

TITLE ☒ Delete
NAME **D SPENCER, SPENCER**
STREET ADDRESS **511 TUSCANY LOOP**
CITY-ST-ZIP **BRANDON FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02
Date

257-3389
Daytime Phone #

CR2E037 (9/01)