

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90064 027 *****61.25

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DOCUMENT # N49558

1. Entity Name

TERRACE PALMS COMMUNITY CHURCH, INC.

Principal Place of Business

**9620 DAVIS RD
 TAMPA FL 33637
 US**

Mailing Address

**PO 290014
 TAMPA FL 33687
 US**

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 **65-0344170**

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

**HIRES, WILLIAM F., JR.
 1809 W. SITKA STREET
 TAMPA FL 33604**

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 WILLIAM F. HIRES, JR.

DIRECTOR

4-20-01

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	D	☐ Delete
NAME	HIRES, WILLIAM F., JR.	
STREET ADDRESS	1809 W. SITKA ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	DPT	☐ Delete
NAME	KEOUGH, TRACY JOHN	
STREET ADDRESS	1646 JAM LANE	
CITY-ST-ZIP	ODESSA FL	
TITLE	DVS	☐ Delete
NAME	BREAKEY, FRED B.	
STREET ADDRESS	2901 SILVER LAKE AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ Delete
NAME	FONSECA, ANTHONY	
STREET ADDRESS	8715 1/2 N WHITTIER ST	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
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: William F. Hires, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01 813-985-9279

Date

Daytime Phone #

CR2E037 (10/00)