

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005418

1. Entity Name

BAY AREA COMMUNITY CHURCH, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90389 037 ****61.25

Principal Place of Business
2701 W WATERS AVE
APT #505
TAMPA FL 33614
US

Mailing Address
2701 W WATERS AVE
APT #505
TAMPA FL 33614-1804
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3291764

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

GRECO, FRANK J
HARRIS, BARRETT, MANN & DEW
1715 N. WESTSHORE BLVD., STE. 750
TAMPA FL 33607

7. Name and Address of New Registered Agent

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

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MOYER, DAVID	
STREET ADDRESS	4116 W. IOWA AVE.	
CITY-ST-ZIP	TAMPA FL 33616	
TITLE	C	<input type="checkbox"/> Delete
NAME	HOGAN, STEVE	
STREET ADDRESS	4022 DELLBROOK DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, SANDRA	
STREET ADDRESS	9412 FOREST HILLS CIR	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROTH, TIM	
STREET ADDRESS	8307 N. NEW PORT	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	P	<input type="checkbox"/> Delete
NAME	GALLIGAN, GARY	
STREET ADDRESS	2701 W. WATERS, #505	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARDEE, BRUCE	
STREET ADDRESS	3417 PICWOOD RD.	
CITY-ST-ZIP	TAMPA FL 33618	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHelps, Steve	
STREET ADDRESS	15142 Springview Street	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENESES, MARIO	
STREET ADDRESS	516 EL SERENO PLACE #135	
CITY-ST-ZIP	TAMPA, FL 33603	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/00

813-
933-8133