

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90071 012 ****61.25

DOCUMENT # N94000005418

1. Entity Name

BAY AREA COMMUNITY CHURCH, INC.

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
US

00041989



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4015 MOUNTAIN SPRINGS
LANE

3. Mailing Address

4015 MOUNTAIN SPRINGS
LANE

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3291764

Applied For

Not Applicable

Zip

33624

Country

US

Zip

33624

Country

US

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 NAME STREET ADDRESS CITY-ST-ZIP	D PHELPS, STEVE 15142 SPRINGVIEW ST. TAMPA FL 33624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HOGAN, STEVE 4022 DELLBROOK DR TAMPA FL 33624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENESES, MARIO 516 EL SERENO PL. #135 TAMPA FL 33603	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTH, TIM 8307 N. NEW PORT TAMPA FL 33604	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALLIGAN, GARY 2701 W. WATERS, #505 TAMPA FL 33614	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDEE, BRUCE 3417 PICWOOD RD. TAMPA FL 33618	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

C
HOGAN, STEVE
4015 MOUNTAIN SPRINGS LANE
TAMPA, FL 33624

P
GALLIGAN, GARY
12401 ORANGE GROVE DRIVE #1205
TAMPA, FL 33618

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 REQUIRED

Date

Daytime Phone #

CR2E037 (10/00)

4/1/01

813-

968-6699