

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

0076837

DOCUMENT # N95000002733

1. Entity Name

CHRIST THE ROCK M.B. CHURCH, INC.

03-26-2002 90027 047 ****61.25

Principal Place of Business

**3908 E 10TH AVE
TAMPA FL 33605
US**

Mailing Address

**1106 S 69TH ST
TAMPA FL 33619
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

59-3141268

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

**HOBLEY, AARON NATHAN
1106 SOUTH 69TH STREET
TAMPA FL 33619**

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 NAME	PD HOBLEY, AARON NATHAN	<input type="checkbox"/> Delete
STREET ADDRESS	1106 SOUTH 69TH STREET	
CITY- ST- ZIP	TAMPA FL 33619	
TITLE NAME	TR HOBLEY, AARON N JR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1206 E SLIGH AVE	
CITY- ST- ZIP	TAMPA FL	
TITLE NAME	TD HOBLEY, EDNA	<input type="checkbox"/> Delete
STREET ADDRESS	1106 SOUTH 69TH STREET	
CITY- ST- ZIP	TAMPA FL 33619	
TITLE NAME	D MABRY, CLIFFORD	<input type="checkbox"/> Delete
STREET ADDRESS	1106 SOUTH 69TH STREET	
CITY- ST- ZIP	TAMPA FL 33619	
TITLE NAME	SMD MARSHALL, SONJA D H	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8700 N 50TH ST 922	
CITY- ST- ZIP	TAMPA FL	
TITLE NAME	TR Hobley, Aaron SR	<input type="checkbox"/> Delete
STREET ADDRESS	4420 Perch St	
CITY- ST- ZIP	Tampa, FL 33617-8208	

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

Edna Hobley **Edna Hobley** **3-6-02** **(813)626-5801**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)