

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 26, 2000 8:00 am
Secretary of State

05-26-2000 90121 041 ****61.25

DOCUMENT # N96000001394

1. Entity Name

TAMPA BAPTIST DEAF CHURCH, INC.

Principal Place of Business

Mailing Address

300 EAST SLIGH AVENUE
TAMPA FL 33604

300 EAST SLIGH AVENUE
TAMPA FL 33604-5543

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3411865

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

ROWLAND-ANDERSON, VANESSA D
7605 SOUTH SWOOPE STREET
TAMPA FL 33616

Name

Scott H. Rogers

Street Address (P.O. Box Number is Not Acceptable)

336 17th Ave NE

8

City

St Petersburg

FL

Zip Code

33704

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

Scott H. Rogers, Pastor Scott H Rogers

27 April 00

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 VD ☐ Delete
NAME ROBERTS, GEORGE
STREET ADDRESS 14130 ROSEMARY LANE #6310
CITY-ST-ZIP LARGO FL 34644

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

TITLE TD ☐ Delete
NAME HORTON, LINDA
STREET ADDRESS 15322 HUTCHINSON RD.
CITY-ST-ZIP TAMPA FL

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

TITLE D ☐ Delete
NAME ROWLAND-ANDERSON, VANESSA
STREET ADDRESS 7605 S SWOOPE STREET
CITY-ST-ZIP TAMPA FL 33616

TITLE T/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STR ☐ Delete
NAME JACKSON, CATHY M
STREET ADDRESS 7318 N DARTMOUTH AVE
CITY-ST-ZIP TAMPA FL 33604-4058

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

TITLE STR ☐ Delete
NAME SURRENCY, STEVEN
STREET ADDRESS 4324 KIPLING AVE
CITY-ST-ZIP PLANT CITY FL 33567

TITLE V/S ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/T ☐ Delete
NAME Angelillis, Patricia
STREET ADDRESS 19615 Gunn Hwy
CITY-ST-ZIP Odessa FL 33556-9339

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:

Cathy M. Jackson

Cathy M. Jackson (813) 236-3323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/97)