

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001394

1. Entity Name

TAMPA BAPTIST DEAF CHURCH, INC.

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90007 009 ****61.25

Principal Place of Business

300 EAST SLIGH AVENUE
TAMPA FL 33604

Mailing Address

300 EAST SLIGH AVENUE
TAMPA FL 33604

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

59-3411865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROGERS, SCOTT H
336 17TH AVE NE
SAINT PETERSBURG FL 33704

7. Name and Address of New Registered Agent

Name **ROGERS, SCOTT H (NEW ADDRESS)**
Street Address (P.O. Box Number is Not Acceptable)
503 77th AVENUE NORTH
308
City **St. Petersburg** FL Zip Code **33702**

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-01

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **(DIT)**
STREET ADDRESS **BRADY ANGELILLIS, PATRICIA**
CITY-ST-ZIP **14615 GUNN HWY**
W. DELSA, FL 33556-9339

TITLE ☐ Change ☐ Addition
NAME **SURRENCY, STEVEN**
STREET ADDRESS **5013 Patricia Ct Apt 142**
CITY-ST-ZIP **Tampa, FL 33617**

TITLE ☐ Change ☒ Addition
NAME **(SIT)**
STREET ADDRESS **GOFF, KIMBEALY**
CITY-ST-ZIP **2709 W. Keene Campbell Rd.**
Plant City, FL 33565

TITLE ☐ Change ☒ Addition
NAME **UNMISTIG, PANNYS**
STREET ADDRESS **5518 20th ave N**
CITY-ST-ZIP **St. Petersburg, FL 33710**

TITLE ☐ Change ☐ Addition
NAME **7605 S SWOOPE STREET**
STREET ADDRESS **CATHY M JACKSON - LEAVE AS**
CITY-ST-ZIP **STR**

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:

Steven Surrency

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-01 813-236-3323

CR2E037 (10/00)