

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90291 046 ****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**

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

7. Name and Address of New Registered Agent

**ROGERS, SCOTT H
503 77TH AVENUE NORTH
#308
SAINT PETERSBURG FL 33702**

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

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

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

TITLE **DT** ☒ Delete
NAME **ANGELILLIS, PATRICIA**
STREET ADDRESS **19615 GUNN HWY**
CITY-ST-ZIP **ODESSA FL 33556-9339**

TITLE **VTS** ☒ Delete
NAME **SURRENCY, STEVEN**
STREET ADDRESS **5013 PATRICIA CT. APT. 142**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE **SIT** ☐ Delete
NAME **GOFF, KIMBERLY**
STREET ADDRESS **2709 W. KEENE CAMPBELL RD.**
CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE **Mike LaHue D** ☐ Change ☒ Addition
NAME **2238 East 109th Ave.**
STREET ADDRESS **Tampa, FL 33612**
CITY-ST-ZIP

TITLE **Kimberly Goff D** ☒ Change ☐ Addition
NAME **2709 W. Keene Campbell Rd**
STREET ADDRESS **Plant City, FL 33565**
CITY-ST-ZIP

TITLE **Vanessa Rowland-Anderson D** ☒ Change ☐ Addition
NAME **7605 S. SWOOPE ST.**
STREET ADDRESS **Tampa, FL 33616**
CITY-ST-ZIP

TITLE **Linda Horton D** ☒ Change ☐ Addition
NAME **15322 Hutchinson Rd.**
STREET ADDRESS **Tampa, FL**
CITY-ST-ZIP

TITLE **Latrelle Arias D** ☐ Change ☒ Addition
NAME **310 E. 119th Ave.**
STREET ADDRESS **Tampa, FL 33612**
CITY-ST-ZIP

TITLE **Alan Beer T** ☐ Change ☒ Addition
NAME **7545 83rd St Apt. 207**
STREET ADDRESS **Largo, FL 33777**
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

4/16/02 813-490-3430

CR2E037 (9/01)

Barbi Volper
1717 University Woods Place
Tampa, FL 33612

Secretary

☒ Addition

782006

Attachment
#296 000001394