


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000001394 1. Entity Name TAMPA BAPTIST DEAF CHURCH, INC.	
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Principal Place of Business 300 EAST SLIGH AVENUE TAMPA, FL 33604	Mailing Address 300 EAST SLIGH AVENUE TAMPA, FL 33604
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06072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3411865	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VOLPER, BARBARA E
300 E. SLIGH AVE.
TAMPA BAPTIST DEAF CHURCH
TAMPA, FL 33604**

**DO NOT WRITE
IN THIS SPACE**

7. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Barbara E. Volper
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/17/05
DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAHUE, MICHAEL 110 MISSION HILLS AVE. TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, HILDA J 9521 LAKE PINE PL PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, KATHY PO BOX 261871 TAMPA, FL 33685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/03/05-80004-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Michael J. LaHue
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/05 813-984-8697
Date Daytime Phone #