

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90082 034 \*\*\*\*61.25

**DOCUMENT # N96000001394**

**1. Entity Name**  
**TAMPA BAPTIST DEAF CHURCH, INC.**



**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  
503 77TH AVENUE NORTH  
#308  
SAINT PETERSBURG FL 33702**

**7. Name and Address of New Registered Agent**

Name **Barbara E. Volper**  
Street Address (P.O. Box Number is Not Acceptable)  
**300 E. Sligh Avenue  
Tampa Baptist Deaf Church  
City Tampa FL Zip Code 33604**

**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. 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)

DATE

**02/23/2003**

**FILE NOW: FEE IS \$61.25**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	NAME	LAHUE, MIKE	<input type="checkbox"/> Delete
STREET ADDRESS	2238 E 109TH AVE			
CITY-ST-ZIP	TAMPA FL 33612			
TITLE	D	NAME	GOFF, KIMBERLY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2709 W KEENE CAMPBELL RD			
CITY-ST-ZIP	PLANT CITY FL 33565			
TITLE	DP	NAME	ROWLAND-ANDERSON, VANESSA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7605 S SWOOPE STREET			
CITY-ST-ZIP	TAMPA FL 33616			
TITLE	D	NAME	HORTON, LINDA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	15322 HUTCHINSON RD			
CITY-ST-ZIP	TAMPA FL			
TITLE	D	NAME	ARIAS, LATRELLE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	310 E 119TH AVE			
CITY-ST-ZIP	TAMPA FL 33612			
TITLE	T	NAME	BEER, ALAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7545 83RD ST APT 207			
CITY-ST-ZIP	LARGO FL 33774			

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	Pres	NAME	Michael LaHue	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	110 Mission Hills Ave			
CITY-ST-ZIP	Temple Terrace, FL 33617			
TITLE	D	NAME	Hilda J. Garcia	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9521 LAKE PINE PL.			
CITY-ST-ZIP	Tampa, FL 33635			
TITLE	D	NAME	Jim D. Bernadson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	400 E W. RIVER PL			
CITY-ST-ZIP	#104 BLDG 2 TAMPA FL 33603			
TITLE	D	NAME	Jim D. Bernadson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3401 N. Lakeriew Dr. #101			
CITY-ST-ZIP	Tampa, FL 33618			
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				
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: **Michael LaHue**

**2/23/03 TTY 813-236-3323**

CR2E037 (10/02)