

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

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90140 047 ****61.25

DOCUMENT # N96000001965

1. Entity Name
TAMPA GOSPEL HALL, INC.



Principal Place of Business

**407 E CLUSTER AVE
TAMPA FL 33604**

Mailing Address

**% DAVID J. MOREL
38603 YOUNG DR
ZEPHYRHILLS FL 33540-3045**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3481003**

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

**MOREL, DAVID J
38603 YOUNG DR
ZEPHYRHILLS FL 33540-3045**

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

SIGNATURE

P.D.

DAVID J. MOREL

P.D.

5-1-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **MOREL, DAVID J**
STREET ADDRESS **38603 YOUNG DR**
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

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

TITLE **SD** ☒ Delete
NAME **KEYT, DONALD L**
STREET ADDRESS **2311 14TH AVE W. APT. 102**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **SD** ☒ Change ☐ Addition
NAME **CHRISTOPHER CHISOLM**
STREET ADDRESS **2307 WALNUT STREET**
CITY-ST-ZIP **TAMPA, FLORIDA 33612**

TITLE **VD** ☐ Delete
NAME **JOHN, EMANUEL V**
STREET ADDRESS **8196 PHILATELIC DR**
CITY-ST-ZIP **SPRING HILL FL 34606**

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

TITLE **TD** ☐ Delete
NAME **CANNON, JOSEPH F II**
STREET ADDRESS **14308 WEDGEWOOD CT., #125**
CITY-ST-ZIP **TAMPA FL 33613**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

DAVID J. MOREL

5-1-03

813-782-3764

CR2E037 (10/02)