

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 07, 2001 8:00 am**  
**Secretary of State**

0058114

**DOCUMENT # N97000001840**

1. Entity Name

**TAMPA GOSPEL KINGDOM INC.**

06-07-2001 90004 045 \*\*\*\*\*70.00

Principal Place of Business      Mailing Address  
 2211 N. FLORIDA AVE.      2211 N. FLORIDA AVE.  
 TAMPA FL 33602      TAMPA FL 33602

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3415341**

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

**FENELON, FRANCOEUR**  
**2211 N. FLORIDA AVE.**  
**TAMPA FL 33602**

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.

(NOT E: 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      ☐ Delete  
 NAME      **PTD**  
 STREET ADDRESS      **FENELON, FRANCOEUR**  
 CITY-ST-ZIP      **14312 PROMONTORY POINT PLACE**  
                                  **TAMPA FL 33625**

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

TITLE      ☐ Delete  
 NAME      **D**  
 STREET ADDRESS      **DORCE, WISNER**  
 CITY-ST-ZIP      **2008 EAST CRENSHAW STREET**  
                                  **TAMPA FL 33610**

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

TITLE      ☐ Delete  
 NAME      **DS**  
 STREET ADDRESS      **BLANCHARD, FRITZ**  
 CITY-ST-ZIP      **311 E. 122ND AVE**  
                                  **TAMPA FL 33607**

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

TITLE      ☐ Delete  
 NAME      **SD**  
 STREET ADDRESS      **FENELON, MARIE ESTHER**  
 CITY-ST-ZIP      **6803 TUTTLE ST**  
                                  **TAMPA FL 33634**

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: **FENELON, FRANCOEUR**

**5-5-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)