

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002734

1. Entity Name

NEW LIFE BAPTIST CHURCH OF TAMPA, INC.

FILED
Sep 04, 2002 8:00 am
Secretary of State

09-04-2002 90086 010 ****61.25

Principal Place of Business

9804 N. 26TH STREET
TAMPA FL 33612

Mailing Address

9804 N. 26TH STREET
TAMPA FL 33612

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-6821628

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



018044

6. Name and Address of Current Registered Agent

COX, CLAUD
9804 N 26TH ST
TAMPA FL 33612

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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	<input checked="" type="checkbox"/> Delete
NAME	SHIVER, PAT	
STREET ADDRESS	9804 N. 26TH STREET	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAIRE, WALTER	
STREET ADDRESS	9804 N. 26TH STREET	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	DT	<input type="checkbox"/> Delete
NAME	COX, CLAUD	
STREET ADDRESS	9804 N. 26TH STREET	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALEY, FRED	
STREET ADDRESS	9804 N. 26TH STREET	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOORE, BILLY B	
STREET ADDRESS	9804 N. 26TH STREET	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	METCALF, LEO	
STREET ADDRESS	9804 N 26TH ST	
CITY-ST-ZIP	TAMPA FL 33612	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grant, Charles	
STREET ADDRESS	9804 N. 26th St.	
CITY-ST-ZIP	Tampa FL 33612	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hill, Tim	
STREET ADDRESS	9804 N. 26th St.	
CITY-ST-ZIP	Tampa FL 33612	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gillette, Henry	
STREET ADDRESS	9804 N. 26th St.	
CITY-ST-ZIP	Tampa FL 33612	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (4/02)

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: Claude Cox RECORDED 8/28/02 817-831-9671