

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

**DOCUMENT # N97000002734**

1. Entity Name  
NEW LIFE BAPTIST CHURCH OF TAMPA, INC.



**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business  
9804 N. 26TH STREET  
TAMPA, FL 33612

Mailing Address  
9804 N. 26TH STREET  
TAMPA, FL 33612



02072005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-6821628

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

COX, CLAUD  
9804 N 26TH ST  
TAMPA, FL 33612

**DO NOT WRITE  
IN THIS SPACE**

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

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME GRANT, CHARLES  
STREET ADDRESS 9804 N. 26TH STREET  
CITY-ST-ZIP TAMPA, FL 33612

TITLE D  
NAME HILL, TIM  
STREET ADDRESS 9804 N. 26TH STREET  
CITY-ST-ZIP TAMPA, FL 33612

TITLE DT  
NAME COX, CLAUD  
STREET ADDRESS 9804 N. 26TH STREET  
CITY-ST-ZIP TAMPA, FL 33612

TITLE D  
NAME CONER, JOSEPH  
STREET ADDRESS 9804 N. 26TH STREET  
CITY-ST-ZIP TAMPA, FL 33612

TITLE D  
NAME GILLETTE, HENRY  
STREET ADDRESS 9804 N. 26TH STREET  
CITY-ST-ZIP TAMPA, FL 33612

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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02/14/05-80055-013 61.25

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:**

*Claud Cox* *Claud Cox*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/11/05*  
Date

*813-831-9671*  
Daytime Phone #