

2002 UNIFORM BUSINESS REPORT (UBR)

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

0076003

DOCUMENT # N97000004831

1. Entity Name

FROM THE HEART CHURCH MINISTRIES OF TAMPA, INC.

02-04-2002 90117 047 ****70.00

Principal Place of Business

5617 TERN COURT
 TAMPA FL 33625-1926

Mailing Address

5617 TERN COURT
 TAMPA FL 33625-1926

2. Principal Place of Business

301 N LAKEWOOD DR
 Suite, Apt. #, etc.

3. Mailing Address

301 N. LAKEWOOD DR
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Brandon FL

Zip 33510

Country

Hillsborough

City & State

Brandon FL

Zip

33510

Country

Hillsborough

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SWAFFORD, CURTIS A
 5617 TERN COURT
 TAMPA FL 33625-1926

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4615 NEWGOURNE WAY

City

VALRICO

FL

Zip Code

33594

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.

(NOTE: 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

TITLE DP
 NAME SWAFFORD, CURTIS A
 STREET ADDRESS 5617 TERN CT
 CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

TITLE VPT
 NAME SWAFFORD, DOROTHY T
 STREET ADDRESS 5617 TERN CT
 CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

TITLE T
 NAME BILLINGSLEY, CAROTHERS
 STREET ADDRESS 310 COUNTRY VINEYARD RD
 CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS 4615 NEWGOURNE WAY
 CITY-ST-ZIP VALRICO FL 33594 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS 4615 NEWGOURNE WAY
 CITY-ST-ZIP VALRICO FL 33594 ☒ Change ☐ Addition

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

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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:

Curtis A Swafford

7/11/02

813-643-3848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)