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

## DOCUMENT # N97000004831

1. Entity Name

FROM THE HEART CHURCH MINISTRIES OF TAMPA, INC.



## **FILED** Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90776 016 \*\*\*\*70.00



			19	D WE TEN				
301 N LAKE WOOD DRIVE 301		Mailing Address 301 N LAKE WOOD DRI BRANDON FL 33510	1 N LAKE WOOD DRIVE			, ,		
2. Principal Place of Business 3. 1		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State				OT APPLICABLE	·, .,	Applied For
Zip Country		Zip Country		<u> </u>	5. Certificate of Status Desired \$8.75 Additional			
6.	Name and Address of Current	t Registered Agent	_			dress of New Registere	Fee Requir	
			Name		-A ca	areas of New Registers		
SWAFFORD, C 4615 NEWGRO VALRICO FL 33	OVE WAY		Street 46	Address (	(P.O. Box Number is りといるのいの			
			City	LRICE	٥	F		C / 1 U
<ol><li>The above name the obligations of</li></ol>	ed entity submits this statement for f registered agent.	or the purpose of changing i	its registered office	or register	red agent, or both, in	the State of Florida. I ar	n familiar with	, and accept
SIGNATURE	ere, typed or printed name of registered agent	and title if applicable. (NO	OTE: Registered Agent sign	ature required	i when reinstating)	DATE	···-	<del></del>
Trust Fund Co			ampaign Financing Contribution.				to State	
10.	OFFICERS AND DI	RECTORS	11.	/	ADDITIONS/CHANG	ES TO OFFICERS AND D	IRECTORS IN	V 10
STREET ADDRESS 4615 CITY-ST-ZIP VALR	FFORD, CURTIS A NEW GROVE WAY NCO FL 33594	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	46	15 NEWB	600RNE WAU	Change Change	☐ Addition
STREET ADDRESS 4615 CITY-ST-ZIP VALR	FFORD, DOROTHY T NEW GROVE WAY IICO FL 33594	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			onrue way 33594	Change	Addition
STREET ADDRESS 310 (	NGSLEY, CAROTHERS COUNTRY VINEYARD RD ICO FL 33594	Delete _ o⊷	NAME STREET ADDRESS CITY-ST-ZIP			and the state of t	~⊋	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PANOTHERS BILLINGSLEY

(813)643 3848