2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91497 031 ****61.25

DOCUMENT # N98000001709

1. Entity Name

BIBLE-BASED FELLOWSHIP CHURCH OF TEMPLE TERRACE, INC.

Principal Place of Business	Mailing Address
8718 N 46TH STREET TAMPA FL 33617	PO BOX 290698 TAMPLE TERRACE FL 33687-0698

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3499009 ☐ Applied For ☐ Not Applicable

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
MASON, EARL B SR 13212 BURNES LAKE DR TAMPA FL 33612	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. (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASON, EARL B SR 13212 BURNES LAKE DR TAMPA FL 33612	☐ Delete	D BLUNTE, ANNE 1791 VILLA CREEK DRIVE TAMPA, FL 33647	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAY, CAROL 2521 E STANLEY MATTHEWS CIRCLE TAMPA FL 33604	☐ Delete	D LYONS, DARREN 8747 EXPOSITION DRIVE TAMPA, FL 33626	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COFFEE, MICHAEL 3310 CHEVIOT DR TAMPA FL 33618	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEWIS, BERNARD SR 9447 LARKBUNTING DRIVE TAMPA FL 33647	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S METCALF, IRIS C 5458 PENTAIL CR TAMPA FL 33625	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: Earl Mason SIGNATURE REQUIRED 4/12/02 (813)980-0559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #