## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## May 03, 2004 8:00 am **Secretary of State DOCUMENT # N98000001709** 05-03-2004 90741 034 \*\*\*\*61.25 BIBLÉ-BASED FELLOWSHIP CHURCH OF TEMPLE TERRACE, INC. Principal Place of Business Mailing Address **8718 N 46TH STREET** PO BOX 290698 **TAMPA, FL 33617** TAMPLE TERRACE, FL 33687-0698 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072004 CR2E037 (10/03) City & State City & State FEI Number 59-3499009 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MASON EARL B SR ---Street Address (P.O. Box Number is Not Acceptable) 8718 N. 46th Street 13212 BURNES LAKE DR 46th Street TAMPA, FL- 33612 33647 Tampa 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) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be $\Box$ Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE Delete ☐ Change ☐ Addition MASON, EARL B SR NAME NAME P.O. BOX 1720 STREET ADORESS STREET AODRESS CITY-ST-ZIP SEFFNER, FL 33583 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition GAY, CAROL MAKE NAME STREET ADDRESS 2521 E STANLEY MATTHEWS CIRCLE STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33604** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition COFFEE, MICHAEL MARKE MARAF STREET ADDRESS 3310 CHEVIOT DR STREET ADDRESS CITY-ST-ZIP TAMPA, FL-33818 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE HUTCHINSON, ANNE NAME Hutchinson, Anne NAME STREET ADDRESS 17911 VILLA CREEK DR STREET AODRESS 4840 Windingbrook Trail TAMPA, FL 33647 CITY-ST-7P CMY-ST-ZIP Westley Chapel, FL ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME METCALF, IRIS C NAME STREET ADDRESS 5458 PENTAIL CR STREET ADORESS CITY-ST-ZE **TAMPA, FL 33625** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2iP 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:

USON PITED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

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**FILED**