

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

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90062 022 ****61.25

DOCUMENT # N98000001709



1. Entity Name
**BIBLE-BASED FELLOWSHIP CHURCH OF TEMPLE TERRACE,
INC.**

Principal Place of Business

**8718 N 46TH STREET
TAMPA FL 33617**

Mailing Address

**PO BOX 290698
TAMPA TERRACE FL 33687-0698**

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**

☐ CHECK HERE IF MAKING CHANGES



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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **MASON, EARL B SR**
STREET ADDRESS **13212 BURNES LAKE DR**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **D** ☒ Change ☐ Addition
NAME **Mason, Earl B Sr**
STREET ADDRESS **P.O. Box 1720**
CITY-ST-ZIP **Seffner, FL 33583-1720** ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **GAY, CAROL**
STREET ADDRESS **2521 E STANLEY MATTHEWS CIRCLE**
CITY-ST-ZIP **TAMPA FL 33604**

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

TITLE **D** ☐ Delete
NAME **COFFEE, MICHAEL**
STREET ADDRESS **3310 CHEVIOT DR**
CITY-ST-ZIP **TAMPA FL 33618**

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

TITLE **D** ☐ Delete
NAME **BLUNTE, ANNE**
STREET ADDRESS **17911 VILLA CREEK DR**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE **D** ☒ Change ☐ Addition
NAME **Hutchinson, Anne**
STREET ADDRESS **17911 Villa Creek Dr**
CITY-ST-ZIP **Tampa, FL 33647**

TITLE **S** ☐ Delete
NAME **METCALF, IRIS C**
STREET ADDRESS **5458 PENTAIL CR**
CITY-ST-ZIP **TAMPA FL 33625**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *S. Blunte* **REQUIRE REQUIRED**

4/20/2003

(813) 980-0559

CR2E037 (10/02)