# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 28, 2000 8:00 am**
**Secretary of State**
04-28-2000 90092 036 ****61.25

DOCUMENT # N98000004661

1. Entity Name

TAMPA BAY WORD OF FAITH CHURCH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 963 WICKETRUN DRIVE<br>BRANDON FL 33510<br>US | P.O. BOX 16298<br>TAMPA FL 33687-6298<br>US |

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 59-3530968 ☐ 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 |
|---|---|
| HILLMAN, JANE<br>963 WICKETRUN DRIVE<br>BRANDON FL 33510 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating)

| **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<br>HILLMAN, JANE<br>963 WICKETRUN DRIVE<br>BRANDON FL 33510 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KASEMAN, JULIUS<br>1947 LAKESHORE DRIVE<br>BRANDON MA 63616 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>Branson, MO 65616 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GILLIGAN, TIMOTHY<br>4718 S.W. 1ST AVENUE<br>OCALA FL 34474 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>4741 SW 20th St | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ANDERSON, GAIL<br>7809 PINE HILL DRIVE<br>TAMPA FL 33617 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | $S | ☒ Change ☐ 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 |

CR2E037 (9/99)

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:** Jane Hillman FILED 04/21/00 (813) 910-7336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #