

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005004

1. Entity Name

CHRISTIAN LIFE WORSHIP CENTER OF TAMPA BAY, INC.

FILED

Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90107 023 ****61.25

Principal Place of Business

Mailing Address

340 TAVERNIER DR
OLDSMAR FL 34677

340 TAVERNIER DR
OLDSMAR FL 34677-4625

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

59-3530029

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

MOORE, JAMES M REV.
340 TAVERNIER DR
OLDSMAR FL 34677

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 D ☐ Delete
NAME KILBRIDE, JACK
STREET ADDRESS 6525 SEAFARER DR
CITY-ST-ZIP TAMPA FL 33615

TITLE D ☒ Change ☐ Addition
NAME KILBRIDE, JACK
STREET ADDRESS 5612 MACALLAN DR.
CITY-ST-ZIP TAMPA, FL 33625

TITLE D ☐ Delete
NAME WAHRENDORF, JAMES
STREET ADDRESS 3685 MONTCLAIR DR
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE D ☐ Change ☒ Addition
NAME ROLLON, TOM
STREET ADDRESS 1526 WOODSTREAM DR.
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE D ☐ Delete
NAME CODER, BOB
STREET ADDRESS 24698 US 19 N, #610
CITY-ST-ZIP CLEARWATER FL 33763

TITLE D ☒ Change ☐ Addition
NAME CODER BOB
STREET ADDRESS 2417 PERSIAN DR. #25
CITY-ST-ZIP CLEARWATER, FL 33763

TITLE D ☐ Delete
NAME MOORE, MIKE
STREET ADDRESS 340 TAVERNIER DR
CITY-ST-ZIP OLDSMAR FL 34677

TITLE D ☐ Change ☒ Addition
NAME LEE, SUSAN
STREET ADDRESS 1540 LEMON ST.
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE D ☐ Delete
NAME SULLIVAN, BARRY
STREET ADDRESS 2524 OLD VILLAGE WY
CITY-ST-ZIP OLDSMAR FL 34677

TITLE D ☒ Change ☐ Addition
NAME SULLIVAN, BARRY
STREET ADDRESS 598 BUCKINGHAM AVE. WEST
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE D ☐ Delete
NAME ZAJAK, DAWID
STREET ADDRESS 3284 TARPON WOODS BLVD
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE D ☒ Change ☐ Addition
NAME ZAJAC, DAWID
STREET ADDRESS 3856 GELL WATER BLVD.
CITY-ST-ZIP RIVERVIEW, FL 33569

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/12/00 727-799-7875

CR2E037 (9/99)