

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007301

1. Entity Name

NEW SONG BAPTIST CHURCH OF TAMPA, FLORIDA, INC.

Principal Place of Business

Mailing Address

8001 N. DALE MABRY HWY., STE. 301A
TAMPA FL 33614-3264

8001 N. DALE MABRY HWY., STE. 301A
TAMPA FL 33614-3264

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

59-3555710

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

EDMONDSON, FRANK
8001 N. DALE MABRY HWY., STE. 301A
TAMPA FL 33614-3264

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 DP ☐ Delete
NAME REYNOLDS, JERRY
STREET ADDRESS 10102 HAMPTON PL
CITY-ST-ZIP TAMPA FL 33618-4206

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

TITLE D ☐ Delete
NAME GRIFFETH, TAM
STREET ADDRESS 10222 NEWPORT CIR
CITY-ST-ZIP TAMPA FL 33612-7304

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

TITLE DS ☐ Delete
NAME LUTZ, BRADLEY
STREET ADDRESS 14042 BRIARDALE LN
CITY-ST-ZIP TAMPA FL 33618-2210

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

TITLE DP ☐ Delete
NAME EDMONDSON, FRANK
STREET ADDRESS 4100 E. FLETCHER AVE., #807
CITY-ST-ZIP TAMPA FL 33613-4823

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

TITLE D ☐ Delete
NAME HALE, ALFRED
STREET ADDRESS 11010 CARROLLWOOD DR.
CITY-ST-ZIP TAMPA FL 33618-3952

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: *Frank M. Edmondson*

Frank M. Edmondson

813-971-8876

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE