

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90039 008 \*\*\*\*61.25

**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

18115 US Hwy. 41 N.

3. Mailing Address

18115 US Hwy. 41 N.

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State  
 Lutz, FL

City & State  
 Lutz, FL

4. FEI Number

59-3555710

Applied For

Not Applicable

Zip  
 33549

Country  
 Hillsborough

Zip  
 33549

Country  
 Hillsborough

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  
 Alfred Hale

Street Address (P.O. Box Number is Not Acceptable)  
 11010 Carrollwood Dr.

City  
 Tampa

FL

Zip Code  
 33618

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.

Alfred Hale

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>REYNOLDS, JERRY</b> <b>10102 HAMPTON PL</b> <b>TAMPA FL 33618-4206</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>Hale, Alfred</b> <b>11010 Carrollwood Dr.</b> <b>Tampa, FL 33618</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRIFFETH, TAM</b> <b>10222 NEWPORT CIR</b> <b>TAMPA FL 33612-7304</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Kerley, Irl E.</b> <b>206 N.E. First Avenue</b> <b>Lutz, FL 33549</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>LUTZ, BRADLEY</b> <b>14042 BRIARDALE LN</b> <b>TAMPA FL 33618-2210</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>EDMONDSON, FRANK</b> <b>4100 E. FLETCHER AVE., #807</b> <b>TAMPA FL 33613-4823</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HALE, ALFRED</b> <b>11010 CARROLLWOOD DR.</b> <b>TAMPA FL 33618-3952</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Irl E. Kerley

Date

Daytime Phone #

CR2E037 (10/00)