

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005636

1. Entity Name

TAMPA BAY TABERNACLE BAPTIST CHURCH, INC.

**FILED**  
**Aug 14, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90016 013 \*\*\*\*61.25

05-09-2000 90021 002 \*\*\*\*61.25

Principal Place of Business

2620 E. 33RD AVENUE  
TAMPA FL 33610

Mailing Address

2620 E. 33RD AVENUE  
TAMPA FL 33610

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

31-1674386

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PATE, LYETTE M  
2620 E. 33RD AVENUE  
TAMPA FL 33610

7. Name and Address of New Registered Agent

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**  
**After September 13, 2000 min. will be \$236.25**

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

TITLE	Pastor	<input type="checkbox"/> Delete
NAME	CORNELIUS PATE, SR.	
STREET ADDRESS	2620 33RD AVE	
CITY-ST-ZIP	Tampa, FL 33610	T
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	LYETTE PATE	
STREET ADDRESS	2620 E. 33RD AVE	
CITY-ST-ZIP	Tampa, FL 33610	T
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	DEBORAH BAGSBY	
STREET ADDRESS	3603 E. YUKON	
CITY-ST-ZIP	TAMPA, FL 33604	T
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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 Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/00 (813)974-3609  
Date Daytime Phone #

CP2E037 (5/00)