

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007252

1. Entity Name

ON THIS ROCK COMMUNITY CHURCH, INCORPORATED

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90065 040 ****70.00

Principal Place of Business

Mailing Address

4711 NORTH 22ND STREET
TAMPA FL 33610

PO BOX 11761
TAMPA FL 33680

2. Principal Place of Business

6702 N. 32ND STREET

3. Mailing Address

PO BOX 311314

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FLORIDA

4. FEI Number

59-3610834

Applied For

Not Applicable

Zip

33610-1512

Country

Hillsborough

Zip

33680-3314

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

MCMILLAN, ELAINE

4711 NORTH 22ND STREET
TAMPA FL 33610

Name

ELAINE MCMILLAN

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

6702 N. 32ND STREET

City

TAMPA

FL

Zip Code

33610-1512

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 *ELAINE MCMILLAN*
Elaine McMillan

Elaine McMillan

04-24-00

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 *C-DEACON - TRUSTEE* ☐ Delete
NAME *JAMES MCMILLAN = T=C*
STREET ADDRESS *6702 N. 32ND STREET*
CITY-ST-ZIP *TAMPA FL. 33610*

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP *FL 33610*

TITLE ☐ Change ☒ Addition
NAME *TRUSTEE*
STREET ADDRESS *EUGENE ROBINSON = T*
CITY-ST-ZIP *6702 N. 32ND STREET*
TAMPA FL 33610

TITLE ☒ Delete
NAME *TRUSTEE*
STREET ADDRESS *CAROLYN HOLTON*
CITY-ST-ZIP *6605 N. 30TH STREET*
TAMPA FL 33610-1512

TITLE ☐ Change ☒ Addition
NAME *TRUSTEE*
STREET ADDRESS *ELAINE MCMILLAN = T*
CITY-ST-ZIP *6702 N. 32ND STREET*
TAMPA FL 33610

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *James McMillan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

813-239-2616

Date

Daytime Phone #

CR2E037 (9/99)