

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 18, 2001 8:00 am**  
**Secretary of State**

09-18-2001 90001 030 \*\*\*\*61.25

0011058

**DOCUMENT # N00000001286**

1. Entity Name  
**TABERNALE BAPTIST CHURCH OF LUTZ, INC.**



Principal Place of Business <b>15901 W. LAKE BURRELL DR. LUTZ FL 33549</b>	Mailing Address <b>15901 W. LAKE BURRELL DR. LUTZ FL 33549</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>15901 W. Lake Burrell Dr</b>	3. Mailing Address <b>15901 W. Lake Burrell Dr</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Lutz FL</b>	City & State <b>Lutz FL</b>
Zip <b>33549</b>	Zip <b>33549</b>
Country <b>Hillsborough</b>	Country <b>Hillsborough</b>

4. FEI Number <b>050138200</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**MICHAUD, RODNEY D**  
**4214 S. SANDALWOOD CIR.**  
**TAMPA FL 33617**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Rodney D. Michaud</b> <b>15901 W. Lake Burrell Dr</b> <b>Lutz FL 33549</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Donald Venable</b> <b>4107 Crockett Dr</b> <b>Tampa, FL 33610</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Trustee</b> <b>Thomas Taylor</b> <b>1413 Autumnwood</b> <b>Tampa FL 33613</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Trustee</b> <b>Everett Sapp</b> <b>10004 N. 3rd Street</b> <b>Tampa FL 33603</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 607, 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: *[Handwritten Signature]*

CR2E037 (5/01)