

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

007754

**DOCUMENT # N00000001286**

1. Entity Name

**TABERNACLE BAPTIST CHURCH OF LUTZ, INC.**

03-06-2002 90115 029 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
**15901 W. LAKE BURRELL DR.**      **15901 W. LAKE BURRELL DR.**  
**LUTZ FL 33549**      **LUTZ FL 33549**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**05-0138200**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MICHAUD, RODNEY D**  
**4214 S. SANDALWOOD CIR.**  
**TAMPA FL 33617**

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

*2/25/02*

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE (\$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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MICHARD, RODNEY D</b>	
STREET ADDRESS	<b>15901 W LAKE BURNELL DRIVE</b>	
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>VENABLE, DONALD</b>	
STREET ADDRESS	<b>4107 CROYMENT DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33610</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, THOMAS</b>	
STREET ADDRESS	<b>1413 AUTUMN DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33613</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> Delete
NAME	<b>SAPP, EVERETT</b>	
STREET ADDRESS	<b>1004 N 23RD STREET</b>	
CITY-ST-ZIP	<b>TAMPA FL 33603</b>	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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:

*Handwritten signature of Rodney D. Michaud*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Treasurer*

Date

Daytime Phone #

*2/25/02 (813) 971-8817*

CR2E037 (9/01)