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95 APR -7 AM 11:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 700641 (4)

**1. Corporation Name
SIX-MILE-CREEK-BAPTIST-CHURCH, INC.**

Principal Place of Business

**4036 FAULKENBURG RD.
TAMPA FL 33610**

Mailing Address

**4036 FAULKENBURG RD.
TAMPA FL 33610**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1960

3a. Date of Last Report

04/08/1994

4. FEI Number

59-1160530

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

**6. Election Campaign Financing
Trust Fund Contribution**

☐

**\$5.00 May Be
Added to Fees**

**7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status**

☒

**\$68.75 Supplemental
Fee Not Required**

**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes**

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

25

29 Zip Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ULLERY, LARRY
109 COUNTY CLUB DRIVE
PLANT CITY FL 33565**

81 Name

Ingle, Zan

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

8011 Tudor Place

83

84 City

TAMPA

FL

85

**Zip Code
33610**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Zan Ingle

Zan Ingle, President

April 2, 1995

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE PD
NAME ULLERY, LARRY
STREET ADDRESS 109 COUNTRY CLUB DRIVE
CITY - ST - ZIP PLANT CITY FL**

**1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME Ingle, Zan
1.3 STREET ADDRESS 8011 Tudor Place
1.4 CITY - ST - ZIP Tampa, Fla. 33610**

**TITLE VP
NAME HICKMAN, DIXIE
STREET ADDRESS 10125 E ELICOTT
CITY - ST - ZIP TAMPA FL**

**2.1 TITLE V/P ☒ Change ☐ Addition
2.2 NAME McNair, Richard C.
2.3 STREET ADDRESS 10316 Tanner Road
2.4 CITY - ST - ZIP Tampa, FLA. 33610**

**TITLE TD
NAME INGRAM, JAKE
STREET ADDRESS 7216 E EMMA AVE
CITY - ST - ZIP TAMPA, FL 00000**

**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP**

**TITLE S
NAME BRIER, BARBARA
STREET ADDRESS 3145 BLUE LAGOON DR
CITY - ST - ZIP ZEPHYRHILLS FL**

**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP**

**TITLE SD
NAME TANNER, LUTHER R.
STREET ADDRESS 5335 SYLVIA PLACE
CITY - ST - ZIP TAMPA FL**

**5.1 TITLE ☒ Change ☐ Addition
5.2 NAME S/D
5.3 STREET ADDRESS Oliver, Linda
5.4 CITY - ST - ZIP 415 Benson Street
Valrico, FLA. 33594**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 116.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

Zan Ingle

Zan Ingle, President

April 2, 1995 (813) 626-1926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

(Area Phone #)