FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 701026

(7)

TAMPA BAPTIST CHURCH OF TAMPA, FLORIDA, INC.

774411 71	Dia not ononon or true	. 7, 1 LOIIID71, 1110.					
Principal Place of Business		Mailing Address			ELE BIBAL BIBIL BEBEL BIBIL		
SLIGH & DIXON ST 300 SLIGH AVE EAST TAMPA FL 33604		SLIGH & DIXON ST 300 SLIGH AVE EAST TAMPA FL 33604					
TAMEN IL SO.	~~	TAME A LE VOCA			3. Date Incorporated or Qualified 05/31/1960	3a. Date of Last 04/03/19	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-0651104		Applied For	
21		Suite, Apt. #, etc.			39 003 1 104		Not Applicable
Suite, Apt. #, etc.		27		5. Certificate of Status Desired Section Secti			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip Country		Zip Country		This corporation has liability for intangible tax under s. 199.032,			
24	25 29		30		Florida Statutes Yes Mo		
	9. Name and Address of Curren	Registered Agent			10. Name and Address of New Re	gistered Agent	
				81 Name			
	ig, estelle o.			82 Street Addr	ess (P.O. Box Number is Not Acceptable	:)	
	IT JEAN STREET			80			
TAMPA F	L 33604			83			
				84 City		FL 85 Zip	Code
11 Pursuant to	o the provisions of Sections 617 0502	and 617 1508. Florida Statu	tes, the abo	ve-named cornor	ation submits this statement for the purp	ose of changing its ru	eaistered office
or registere	ed agent, or both, in the State of Floric h, and accept the obligations of, Section	la. Such change was authori	ized by the (corporation's boar	d of directors. I hereby accept the appoi	ntment as registered	agent. I am
	n, and accept the obligations of, Section	on 617.0003, rionga Statule	:5.				
SIGNATURE _	Signature, typed or printed name of registered agent.	and title if applicable (N	OTE Registered	Agent signature required	1 when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES 10 OFFIC		
TITLE	PO	DELETE	1.1 To	TLE		Change	☐ Addition
NAME	SANDERS, J. ROGER		1.2 N	AME			
STREET ADDRESS	10707 CARROLL LAKE DR.			TREET ADDRESS			
CHTY-ST-ZIP	TAMPA FL SD	DELETE		TY-ST-ZIP		Change	Addition
TITLE	HORNUNG,ESTELLE O.		21 T			C Ontango	
NAME STREET AS SPECIA	125 WEST JEAN STREET		2.2 N	TREET ADDRESS			
STREET ADDRESS	TAMPA FL			CITY-ST-ZIP			
CITY-ST-ZIP TITLE	TD	DELETE	311	····		Change	Addition
NAME	RENNER, ORVILLE, SR.	فسي	32 N				
STREET ADDRESS	2908 WOODS END COURT		3.3 \$	TREET ADORESS			
CITY-ST-7IP	TAMPA FL		3 4. 0	CITY-ST-ZIP			
TITLE		DELETE	4.1 T	TLE		Change	☐ Addition
NAME			4. 21	IAME			
STREET ADDRESS			i	TREET ADORESS			
CITY-ST-ZIP		- Florier		ITY - ST - ZIP		[""] Changa	- Iddision
TITLE		DELETE	5.1 1			Change	☐ Addition
NAME			5.2 N				
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	54 L	ITY-ST-ZIP		☐ Change	Addition
NAME			621			<u></u>	
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP			6.4 0	ITY-\$1-ZIP			
14 Ldc hereb	y certify that the information supplied	with this filing is voluntarily fu	rnished and	does not qualify f	or the exemption stated in Section 119 (7(3)(k), Florida Statut	tes. I further
oath; that	t the information indicated on this anni. I am an officer or director of the corpo n Block 12 or Block 13 if changed, or c	ration or the receiver or trus:	tee empowe	is true and accura ered to execute thi	ate and that my signature shall have the sis report as required by Chapter 617, Flo	rida Statutes; and the	at my name

GIGNATURE: Litelle Hornung Estelle OHornung april 1999

CR2E037 (12/95)