FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 2:16

DOCUMENT # 703545 (4)

1. Corporation Name
HILLSDALE BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
5800 N. CHURCH AVE. TAMPA FL 33614	5800 N. CHURCH AVE. TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1962
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-0971834 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: XX $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: XX $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes XX No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ROSE, EDDIE
2714 ARMENIA CT
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	ROSE, EDDIE	1.2 NAME		
STREET ADDRESS	2714 ARMENIA CT	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	V / DIRECTOR	X Change ☐ Addition
NAME	~~HORTON, JAMES~~	2.2 NAME	MAYO, WAYNE	
STREET ADDRESS	~~16023 WOODPINE DR~~	2.3 STREET ADDRESS	1923 OLD SAWMILL ROAD	
CITY-ST-ZIP	~~TAMPA FL~~	2.4 CITY-ST-ZIP	BRANDON, FL 33510	
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, PAUL	3.2 NAME		
STREET ADDRESS	31621 STIRRUP LN	3.3 STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE	TREASURER	X Change ☐ Addition
NAME	BROKAW, GLENN	4.2 NAME	BROKAW, GLENN	
STREET ADDRESS	4105 INTERLAKE DRIVE	4.3 STREET ADDRESS	4311 IDELL STREET	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	TAMPA FL 33614	
TITLE		5.1 TITLE	DIRECTOR	☐ Change X Addition
NAME		5.2 NAME	KELLER, MARK	
STREET ADDRESS		5.3 STREET ADDRESS	10309 LAKE GROVE DRIVE	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ODESSA FL 33556	
TITLE		6.1 TITLE	DIRECTOR	☐ Change X Addition
NAME		6.2 NAME	YOUNG, DAVID	
STREET ADDRESS		6.3 STREET ADDRESS	4103 NORMA AVENUE	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	TAMPA FL 33611	

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 119.07(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 added in an attachment with an address.

SIGNATURE: [signature] 1/18/95 935-5977
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

0064200