FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 02/01/1962
3a. Date of Last Report: 02/13/1995

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes XX No

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: SEARLE-SPRATT, GEORGE
82 Street Address (P.O. Box Number is Not Acceptable): 5312 Macbeth Ct
83
84 City: Tampa FL 85 Zip Code: 33624

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] DATE: 2/28/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	XX DELETE	1.1 TITLE	P/T/C	☐ Change ☒ Addition
NAME	ROSE, EDDIE		1.2 NAME	Searle-Spratt, George	
STREET ADDRESS	2714 ARMENIA CT		1.3 STREET ADDRESS	5312 Macbeth Ct	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Tampa, FL 33624	
TITLE	VD	XX DELETE	2.1 TITLE	V/T	☒ Change ☐ Addition
NAME	MAYO, WAYNE		2.2 NAME	Keller, Mark	
STREET ADDRESS	1923 OLD SAWMILL ROAD		2.3 STREET ADDRESS	10309 Lake Grove Drive	
CITY-ST-ZIP	BRANDON FL		2.4 CITY-ST-ZIP	Odessa, FL 33556	
TITLE	S	☐ DELETE	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	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BROKAW, GLENN		4.2 NAME		
STREET ADDRESS	4311 IDELL STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	D	XX DELETE	5.1 TITLE	T	☐ Change ☒ Addition
NAME	KELLER, MARK		5.2 NAME	Smith, Michael	
STREET ADDRESS	10309 LAKE GROVE DR		5.3 STREET ADDRESS	4314 W. Idell St	
CITY-ST-ZIP	ODESSA FL		5.4 CITY-ST-ZIP	Tampa, FL 33614	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	YOUNG, DAVID		6.2 NAME		
STREET ADDRESS	4103 NORMA AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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 on an attachment with an address.

SIGNATURE: [signature] 2/28/96 286-5205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #