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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703545

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

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 02/01/1962

4. FEI Number: 59-0971834 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HUSTED, GARY L.
207 N. PINE DRIVE
TAMPA FL 33613

10. Name and Address of New Registered Agent

81 Name: BENITEZ, MICHAEL
82 Street Address (P.O. Box Number is Not Acceptable): 1151 COUNTRY CLOSE
83
84 City: LUTZ FL 85 Zip Code: 33549

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 _____ Michael Benitez 4/14/99
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	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HUSTED, GARY L.		1.2 NAME	Benitez, Michael	
STREET ADDRESS	207 N. PINE DRIVE		1.3 STREET ADDRESS	1151 Country Close	
CITY-ST-ZIP	TAMPA FL 33613		1.4 CITY-ST-ZIP	Lutz, FL 33549	
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HUSTED, SUELLYN		2.2 NAME		
STREET ADDRESS	207 N. PINE DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE	VSD	☒ Change ☐ Addition
NAME	MOODY, JOHN		3.2 NAME	Lopez, Dr. Miguel	
STREET ADDRESS	1015 LOCHMONT DRIVE		3.3 STREET ADDRESS	6503 Yellowhammer Ave.	
CITY-ST-ZIP	BRANDON FL 33511		3.4 CITY-ST-ZIP	Tampa, FL 33625	
TITLE	SD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GIGNILLIAT, WILLIAM R.		4.2 NAME		
STREET ADDRESS	3307 LAWN AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33611		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Michael Benitez 4/14/99 813-884-8250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)