FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 709155

1004 WHITAKER ROAD

LUTZ FL 33549

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

DEBUEL ROAD BAPTIST CHURCH, INCORPORATED

FILED Apr 09, 1999 8:00 am § Secretary of State

04-09-1999 90022 037 ****70.00

Principal Place of Business Mailing Address								*		
919 DEBUEL R	D.	919 DEBUEL RD.	19 DEBUEL RD.						 	
LUTZ FL 33549	LUTZ FL 33549	'L 33549								
							i Milt Athii etel	1 51511 61511 61611	, •1017 1001	
	·									
2. Principal Place of Business 2a. Mailing Address						3. Date Incorporated or Qualifed				
21	440 01 Eddinoso	26				06/16/1965				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number		Арр	lied For	
22		. 27				59-6159487			Applicable	
City & State	9	City & State	City & State			5. Certificate of Status Desired	₩x	\$8.75 A	-	
23	·	28					*A	Fee Red		
Zip	Country	Zip	Country			6. Election Campaign Financing		\$5.00 h		
24	25 29 30					Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent				
Name and Address of Current Registered Agent						IV. Name and Address of New	registered .	Agent		
	•		8	1 Nan	16					
toole, rev. gerald L				2 Stre	et Addre	ss (P.O. Box Number is Not Accept	able)			
2509 CHATEAU DRIVE			8	2		<u></u>				
LUTZ FL 33549			١٠	"						
			8	4 City			FL	85 Zip C	ode	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the					od corpo	ration cubmits this statement for the	numose of	changing its r	registered	
l office or n	paietored agent or both in the State O	T FIORMA SUCH CHANDE WAS AUG	IUIZBU D	у ше ск	rporation	n's board of directors. I hereby acce	pt the appoi	ntment as reg	istered	
agent. I a	m familiar with, and accept the obligati	ons of, Section 617.0503, Florid	a Statute	s.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Pr	naistered An	ent signat	ne required	when reinstating)	DATE		— i	
12.	OFFICERS AND		13.	, u.g		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12	
TITLE	DAT	☐ DELETE	1.1 TITLE	:				Change	Addition	
NAME	TOOLE, CHARLENE		1.2 NAME	Ē					1	
STREET ADDRESS	2509 CHATEAU		1.3 STRE	ET ADDRE	ss	•			1	
CITY-ST-ZIP	LUTZ FL 33549	1	1.4 CITY-	ST-ZIP						
TITLE	PC DELETE 2.1						,	☐ Change	☐ Addition	
NAME !	TOOLE, GERALD L		2.2 NAME	•			•			
STREET ADDRESS	2509 CHATEAU DR		2.3 STRE	ET ADDRE	ss	•		•		
CITY-ST-ZIP			2, 4 CITY	-ST-ZIP	_					
ππε	D	☐ DELETE 3.1 T				· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition	
NAME	BURDETTE, FENTON F		3.2 NAME	Ē					İ	
STREET ADDRESS	306 E 119TH AVE		3.3 STRE	ET ADDRE	SS	•				
CITY-ST-ZIP	TAMPA FL 33612	2 3.4.		3.4. CITY-ST-ZIP				<u> </u>		
TITLE	VTD	☐ DELETE	4.1 TITLE	•		•		Change	Addition	
NAME	MARSH, JAMES		4. 2 NAM	E			•			
STREET ADDRESS	1004 WHITAKER RD		4.3 STRE	ET ADDR	ss					
CITY-ST-ZIP	LUTZ FL 33549		4.4 CITY-							
TITLE	TSD	☐ DELETE	5.1 TITLE					Change	☐ Addition	
NAME	MARSH, CHRISTINA		5.2 NAM	E						

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 of the repower or trustee employeed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if changed, other like empowered.

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

☐ DELETE

(813)949-7785 SIGNATURE: EV OF BOARD APRIL

Change

Addition