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NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

FILED Feb 02 1998 8:00am Secretary of State

1. Corporati	on Name	_	(-)					1				
THE AZALEA BAPTIST CHURCH INC.												
Principal Plac	Address	Notron										
		Mainig	Address							•		
7900 22 AVEN	UE NORTH RG FL 33710-3733		7900 22 AVENUE NORTH ST PETERSBURG FL 33710-3733				3. Date Incorporated	or Qualified	: t			
		OI FEIE	ROSUNG FE 3371	0-3133				11/10/1966				
1								4. FEI Number				Applied For
2. Principal I	Place of Business	2a. Mail	2a. Mailing Address					59-091034				Not Applicable
21		26	├					5. Certificate of Statu	s Desired			Additional Required
Sulte, Apt	#, etc.		Suite, Apt. #, etc.					6. Election Campaign	Financing			May Be
22		27						Trust Fund Contrib	ution			to Fees
City & Sta	te		City & State					7. Is this nonprofit co	rporation a			ion?
23 Zlp	Country		28								□ No	
24	25	29	-	30	Country	•		 This corporation of Personal Property 				ntangible □ No <i>/\//</i>
	9. Name and Address of Curre		Agent	,001				10. Name and Addres				<u> </u>
		•			81	Name	3					
DAUGHERTY, WINNIE					82	Street	. Addres	s (P.O. Box Number is	Not Accent	ahla)		
6731 30TH AVE. NO.						000.		- Control Box (Gillian)	Not Accept	<u> </u>		
ST. PET	ERSBURG FL 33710				83				-			
					84	City					85 Zip	Code
11. Pureriant	to the provisions of Sections 617 050	12 and 617 15	00 Elarida Ctatus	loo the			J			FL	خلل	
office or i	to the provisions of Sections 617.050 egistered agent, or both, in the State of familiar with, and accept the oblig	of Florida. Su	ich change was	author	zed by	the cor	rporation	ation submits this state n's board of directors. I,	nent for the hereby acc	purpose of ept the app	r changing tointment a	its registerea s registered
	arriaminar war, and accept the oblig	jalions of, Sec	uan 617.0503, F:	onda S	statutes	š.		•				
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applic	able. (NO	E: Regist	tered Age	nt signatur	e required	when reinstating)		DATE		
12.	OFFICERS AN	ID DIRECTOR			3.			ADDITIONS/CHANG	ES TO OFF	ICERS AND	DIRECTO	RS IN 12
TITLE	DC		☐ DELETE		1 TITLE			'			Change	☐ Addition
NAME STREET ADDRESS	WHITE, VERNON 6245-3RD AVE. N				2 NAME				′			
CITY-ST-ZIP	ST PETERSBURG FL 33710					ADDRESS						
TITLE	DT		DELETE	_	4 CITY-S 1 TITLE	I-ZIP					Change	Addition
NAME	MILBOURN, R.L.		_		2 NAME						Ondings	
STREET ADDRESS	1332 PASADENA AVE S. #60	11		2.3	3 STAEET	ADDRESS		;			•	
CITY-ST-ZIP	ST PETERSBURG FL 33707			2.	4 CITY-S	T-ZIP						
TITLE	DS		DELETE	3.1	1 TITLE						☐ Change	Addition
NAME	DAUGHERTY, WINNIE				NAME			1				
STREET ADDRESS	6731 30TH AVE. N					ADORESS						
CITY-ST-ZIP	ST. PETERSBURG FL 33710		DELETE		I. CITY-S	T-ZiP	<u> </u>				I Ohaaii	1 A 4 477
NAME			DECENE		2 NAME						L Change	Addition
				4.	LIVEUVIL		1					

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

Change

Change

___ Addition

Addition