

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **732032 (8)**
1. Corporation Name
GARDEN BAPTIST CHURCH TRUSTEES, INC.



Principal Place of Business Mailing Address
4610 EAST HANNA AVENUE TAMPA FL 33610

3. Date Incorporated or Qualified **03/03/1975** 3a. Date of Last Report **08/11/1995**
4. FEI Number **59-2400069** Applied For Not Applicable
5. Certificate of Status Desired **\$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 No

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

9. Name and Address of Current Registered Agent
DANIELS, JEFFREY 5008 HABERSHAM LN TAMPA FL 33610
BOOTH, RALPH 9814-10TH STREET TAMPA FL, 33608
10. Name and Address of New Registered Agent
81 Name **SAME RALPH BOOTH**
82 Street Address (P.O. Box Number is Not Acceptable) **9814 10th Street**
83 **Tampa FL.**
84 City **T** 85 Zip Code **FL 33612**

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: *Jackson* *Booth* *Booth* **5-2-1996**
Signature, typed or printed name of registered agent and the date (if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME **VD HUNT, CARL**
STREET ADDRESS **2108 INTRVISTA LN**
CITY-ST-ZIP **VALRICO FL 33594**
TITLE DELETE
NAME **PD DANIELS, JEFFREY**
STREET ADDRESS **5008 HABERSHAM LN**
CITY-ST-ZIP **TAMPA FL 33619**
TITLE DELETE
NAME **VD PD BOOTH, RALPH**
STREET ADDRESS **9814 - 10TH STREET**
CITY-ST-ZIP **TAMPA, FL 00000**
TITLE DELETE
NAME **D**
STREET ADDRESS **~~DEWEY E. EMORY~~**
CITY-ST-ZIP
TITLE DELETE
NAME **D DEWEY E. EMORY**
STREET ADDRESS **4704 E. SLIGH AVE.**
CITY-ST-ZIP **TAMPA FL. 33610**
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME **300001863533**
5.3 STREET ADDRESS **-06/17/96--01034--040**
5.4 CITY-ST-ZIP *****61.25**
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP **05-01-96 OR**

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: *Ralph Booth* **1-21-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)