

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 736884 (8)
1. Corporation Name
HOPE OF SHILOH PRIMITIVE BAPTIST CHURCH, INC.



Principal Place of Business 2515 E WILDER AVE TAMPA FL 33605 US	Mailing Address 2515 E WILDER AVE TAMPA FL 33610 US
---	---

2. Principal Place of Business 21 33610	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 09/24/1976
4. FEI Number 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
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent AUSTIN, DOYLE L 4213 E ELLICOTT TAMPA FL 33610	
--	--

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 *Doyle L. Austin* **27 Jan 1998**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WINGFIELD, CYNTHIA M 4820 TEMPLE HEIGHTS RD TAMPA FL ☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WISE, JOHN C. 4018 W. FIG STREET TAMPA FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN, DOYLE 4213 E. ELLICOTT TAMPA FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JORDAN, VERLION A. 5108 19TH STREET TAMPA FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, LEON A 7315 WILLOW PARK DR TAMPA FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRIS, LEROY 4020 NORTH B TAMPA FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Wilson, Sharon 7315 Willow Park Dr Tampa, FL ☐ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	T Chester Copeland 3613 E. ELLICOTT Tampa, FL 33610 ☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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.

SIGNATURE *Doyle L. Austin* **27 Jan 98** (912) 238 5112

CR2E037 (1097)