

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 24 AM 8:24

DOCUMENT # 742464

(1)

1. Corporation Name

LIVINGSTON AVENUE BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

14801 LIVINGSTON AVE.
LUTZ FL 33549-3190

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LUTZ FL 33549-3190

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1978

3a. Date of Last Report

04/28/1994

4. FBI Number

59-1704600

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCLAIN, WALTER J.
23547 BELLAIRE LOOP
LAND O'LAKES FL 34639-4155

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TR
NAME	CHAPMAN, GERALD
STREET ADDRESS	205 DRUID HILLS RD
CITY - ST - ZIP	TAMPA FL
TITLE	TR
NAME	GAFFIN, DONNA
STREET ADDRESS	2108 CUFTON DRIVE
CITY - ST - ZIP	VALRICO FL
TITLE	TR
NAME	GAY, ROBERT
STREET ADDRESS	1602 E NAVAJO AVENUE
CITY - ST - ZIP	TAMPA FL
TITLE	TR
NAME	HOLLISTER, GLENDA
STREET ADDRESS	1515 LAKE COMO DRIVE
CITY - ST - ZIP	LUTZ FL
TITLE	TR
NAME	PRICHER, M. JOHN
STREET ADDRESS	1516 EAST CARACAS STREET
CITY - ST - ZIP	TAMPA FL
TITLE	TR
NAME	JANEY, KENNETH
STREET ADDRESS	12420 N FLORIDA AVE #53
CITY - ST - ZIP	TAMPA FL

11 TITLE	PRESIDENT/DIR.	☐ Change ☒ Addition
12 NAME	KENNETH W. BRYANT	
13 STREET ADDRESS	16404 HANNA RD.	
14 CITY - ST - ZIP	LUTZ, FL 33549	
21 TITLE	DIR	☒ Change ☐ Addition
22 NAME	CHAPMAN, GERALD	
23 STREET ADDRESS	205 DRUID HILLS RD.	
24 CITY - ST - ZIP	TAMPA, FL	
31 TITLE	DIR	☒ Change ☐ Addition
32 NAME	GAY, ROBERT	
33 STREET ADDRESS	1602 E. NAVAJO AVENUE	
34 CITY - ST - ZIP	TAMPA, FL	
41 TITLE	DIR	☒ Change ☐ Addition
42 NAME	HOLLISTER, GLENDA	
43 STREET ADDRESS	1515 LAKE COMO DRIVE	
44 CITY - ST - ZIP	LUTZ, FL	
51 TITLE	DIR	☒ Change ☐ Addition
52 NAME	PRICHER, M. JOHN	
53 STREET ADDRESS	1516 EAST CARACAS STREET	
54 CITY - ST - ZIP	TAMPA, FL	
61 TITLE	DIR	☒ Change ☐ Addition
62 NAME	JANEY, KENNETH	
63 STREET ADDRESS	12420 N. FLORIDA AVE #53	
64 CITY - ST - ZIP	TAMPA, FL	

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: Kenneth W. Bryant KENNETH W. BRYANT, Pres/Dir. (813) 961-6534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime (Area #)