

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90183 013 ****61.25

DOCUMENT # 746791

1. Corporation Name

FORTIETH STREET BAPTIST CHURCH, INC.

Principal Place of Business

6020 N 40TH STREET
TAMPA, FL 33610

Mailing Address

6020 N 40TH STREET
TAMPA FL 33610



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/19/1979

4. FEI Number

59-1604905

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

9. Name and Address of Current Registered Agent

ANDERSON, DON
11107 N 51 ST
TAMPA FL 33617

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 *Don Anderson*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-14-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CRAWFORD, DOROTHY
STREET ADDRESS 3601 CASABA LOOP
CITY-ST-ZIP VALRICO FL

TITLE S ☐ DELETE

NAME HALL, VIRGINIA K
STREET ADDRESS 1512 E IDA STREET
CITY-ST-ZIP TAMPA FL

TITLE TS ☐ DELETE

NAME CRAWFORD, ALYCE
STREET ADDRESS 3717 E IDLEWILD
CITY-ST-ZIP TAMPA FL

TITLE V ☐ DELETE

NAME ADAMS, ROBERT
STREET ADDRESS 6808 TAMPA ST.
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME STEPHENS, NONNIE
STREET ADDRESS 3601 E KNOLLWOOD AVE
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME SADLE, GEORGE
STREET ADDRESS 505 E. PALM AVE
CITY-ST-ZIP TAMPA FL

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

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)