

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
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90069 030 ****61.25

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DOCUMENT # 748336

1. Corporation Name

FIRST BAPTIST CHURCH OF LUTZ, LUTZ BAPTIST HOLDI
NG CORPORATION, INC.

Principal Place of Business

18116 US HWY 41 NORTH
LUTZ FL 33549

Mailing Address

18116 US HWY 41 NORTH
LUTZ FL 33549



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

08/02/1979

4. FEI Number

59-0838088

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

HANCOCK, GENE
18416 TIMBERLAN DR
LUTZ FL 33549

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD
NAME HANCOCK, GENE
STREET ADDRESS 18416 TIMBERLAN DR
CITY-ST-ZIP LUTZ FL

TITLE VD ☐ DELETE

NAME HABER, LEE
STREET ADDRESS 16811 STANZA CT.
CITY-ST-ZIP TAMPA FL

TITLE SD ☐ DELETE

NAME MOORE, SALLY
STREET ADDRESS 17902 HANNA RD.
CITY-ST-ZIP LUTZ, FL 00000

TITLE TD ☐ DELETE

NAME MEID, ED
STREET ADDRESS 18305 CYPRESS COVE RD.
CITY-ST-ZIP LUTZ, FL 00000

TITLE D ☐ DELETE

NAME HALL, JIM
STREET ADDRESS 18306 SWAN LAKE DR.
CITY-ST-ZIP LUTZ FL

TITLE M ☐ DELETE

NAME NALLS, HAZEL
STREET ADDRESS 908 TOMLINSON DR.
CITY-ST-ZIP LUTZ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-99

Date

813/949-5202

Daytime Phone #

CR2E037 (11/98)