SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $205)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 28 PM 1:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **749827** **(2)**

1. Corporation Name

THAT BLESSED HOPE EVANGELISTIC ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4010 N. NEBRASKA AVENUE TAMPA FL 33603	P.O. BOX 310387 TAMPA FL 33680

3. Date Incorporated or Qualified: **11/16/1979**
3a. Date of Last Report: **11/21/1994**
4. FEI Number: **59-1950256** ☐ 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: ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

9. Name and Address of Current Registered Agent

JOHNSON, ELLIOTT L.
2707 N. 34TH ST.
TAMPA FL 33605

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE	P/C/D	☒ Change ☐ Addition
NAME	DZLEDZIC, JOHN	12 NAME	LENOX COOKE	
STREET ADDRESS	529 FALKIRK AVENUE	13 STREET ADDRESS	5310 N. ROME	
CITY-ST-ZIP	VALRICO FL 33594	14 CITY-ST-ZIP	TAMPA FL 33603	
TITLE	VDT	21 TITLE	V/D	☒ Change ☐ Addition
NAME	HOLLOWAY, CRAIG	22 NAME		
STREET ADDRESS	3519 DEL LAGO CIR. #282	23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33614	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, ROSEMARY C	32 NAME		
STREET ADDRESS	2707 N. 34 ST.	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33605	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	T/D	☒ Change ☐ Addition
NAME	THACKER, RICKY	42 NAME	MARK LEONHARD	
STREET ADDRESS	928 BENNINGER DRIVE	43 STREET ADDRESS	5220 N SR 579 LOT 75	
CITY-ST-ZIP	BRANDON FL 33510	44 CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	MUSMIAN, PAMELA	52 NAME		
STREET ADDRESS	2109 31ST AVE.	53 STREET ADDRESS	2109 31ST AVE #598	
CITY-ST-ZIP	TAMPA FL 33610	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☒ Change ☐ Addition
NAME	KING, KATHERINE	62 NAME		
STREET ADDRESS	9000 E. JEFFERSON AVE., APT. 15-15	63 STREET ADDRESS	9000 E JEFFERSON AVE, APT 19-15	
CITY-ST-ZIP	DETROIT MI 48214-2059	64 CITY-ST-ZIP		

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)(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: Rosemary C. Johnson 7/28/95 (813) 276-8292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Rosemary C. Johnson

CR2E037 (3/95)

0015386