


7-14-97 B-7952 C  
FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749827** (2)  
1. Corporation Name  
**THAT BLESSED HOPE EVANGELISTIC ASSOCIATION, INC.**



Principal Place of Business <b>4010 N. NEBRASKA AVENUE TAMPA FL 33603</b>	Mailing Address <b>P.O. BOX 310387 TAMPA FL 33680-0387</b>
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3. Date Incorporated or Qualified <b>11/16/1979</b>	3a. Date of Last Report <b>07/08/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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4. FEI Number <b>59-1950256</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>JOHNSON, ELLIOTT L. 2707 N. 34TH ST. TAMPA FL 33605</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<del>PBB</del> <input type="checkbox"/> DELETE
NAME	<b>COOKE, LENOX</b>
STREET ADDRESS	<b>5310 N. ROME</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>HOLLOWAY, CRAIG</b>
STREET ADDRESS	<b>3519 DEL LAGO CIR. #282</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, ROSEMARY C</b>
STREET ADDRESS	<b>2707 N. 34 ST.</b>
CITY-ST-ZIP	<b>TAMPA FL 33605</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>LEONHARD, MARK</b>
STREET ADDRESS	<b>5220 N SR 579 LOT 75</b>
CITY-ST-ZIP	<b>SEFFNER FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>MUSMIAN, PAMELA</b>
STREET ADDRESS	<b>2109 31ST AVE #598</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>KING, KATHERINE</b>
STREET ADDRESS	<b>9000 E JEFFERSON AVE, APT 19-15</b>
CITY-ST-ZIP	<b>DETROIT MI</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>PC</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>D Rupert Edwards</b>
1.3 STREET ADDRESS	<b>13144 N. 22nd St #203</b>
1.4 CITY-ST-ZIP	<b>Tampa, FL 33612</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>TD Donald L. Downridge Jr</b>
2.3 STREET ADDRESS	<b>P.O. Box 22722</b>
2.4 CITY-ST-ZIP	<b>Tampa, FL 33622</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>DD Willie G. Dixon</b>
3.3 STREET ADDRESS	<b>1333 W. Cass St</b>
3.4 CITY-ST-ZIP	<b>Tampa, FL 33607</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>DD Joseph Brown</b>
4.3 STREET ADDRESS	<b>18510 Otterwood Ave</b>
4.4 CITY-ST-ZIP	<b>Tampa, FL 33647</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 \_\_\_\_\_ 7-14-97

CR2E037 (9/96)