

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N49081 (5)

1. Corporation Name
29TH STREET CHURCH OF CHRIST, INC.

Principal Place of Business Mailing Address
3310 NORTH 29TH STREET TAMPA FL 33610

3. Date Incorporated or Qualified **05/27/1992** 3a. Date of Last Report **03/25/1994**
4. FBI Number **59-3189777** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

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

9. Name and Address of Current Registered Agent
**STONE, MELVIN J.
3310 NORTH 29TH STREET
TAMPA FL 33610**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

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 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reappointing) DATE **5/27/95**

12. OFFICERS AND DIRECTORS
TITLE VC
NAME GAINES, GEORGE E., JR.
STREET ADDRESS 3214 E. PARIS ST.
CITY-ST-ZIP TAMPA FL
TITLE C
NAME STONE, MELVIN J.
STREET ADDRESS 3508 33 AVE.
CITY-ST-ZIP TAMPA FL
TITLE D
NAME KING, PERRY, JR.
STREET ADDRESS 1316 E. CYPRESS ST.
CITY-ST-ZIP TAMPA FL
TITLE D
NAME PARKER, WILLIE L., JR.
STREET ADDRESS 2613 CRESTFIELD DR.
CITY-ST-ZIP VALRICO FL
TITLE Y
NAME TILLMAN, LARRY
STREET ADDRESS 3212 E. PARIS STREET
CITY-ST-ZIP TAMPA FL
TITLE Secretary
NAME BURNS, MALCOLM
STREET ADDRESS 6706 WOODVILLE ST.
CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE *[Handwritten]* Change Addition
1.2 NAME *[Handwritten]*
1.3 STREET ADDRESS *[Handwritten]*
1.4 CITY-ST-ZIP *[Handwritten]*
2.1 TITLE *[Handwritten]* Change Addition
2.2 NAME *[Handwritten]*
2.3 STREET ADDRESS *[Handwritten]*
2.4 CITY-ST-ZIP *[Handwritten]*
3.1 TITLE *[Handwritten]* Change Addition
3.2 NAME *[Handwritten]*
3.3 STREET ADDRESS *[Handwritten]*
3.4 CITY-ST-ZIP *[Handwritten]*
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

REMITTED BY MAY 1

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 110.07(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* (813) 232-6701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #