

**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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-06/29/95--01009--008

\*\*\*\*138.75 \*\*\*\*138.75

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 re-registering) 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  Change  Addition  
1.2 NAME **Dukes, James**  
1.3 STREET ADDRESS **11712 N. Tom Folsom Rd.**  
1.4 CITY-ST-ZIP **Thonotosassa, FL 33592**  
2.1 TITLE  Change  Addition  
2.2 NAME **Mabley, Samuel Sr.**  
2.3 STREET ADDRESS **4234 E. Cuyuga St.**  
2.4 CITY-ST-ZIP **Tampa, FL 33610**  
3.1 TITLE  Change  Addition  
3.2 NAME **Rodriguez, Harold**  
3.3 STREET ADDRESS **4930 24th St.**  
3.4 CITY-ST-ZIP **Tampa, FL 33619**  
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: Larry Tillman]* (813) 232-6701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #