

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N49081 (5)**  
1. Corporation Name  
**29TH STREET CHURCH OF CHRIST, INC.**

Principal Place of Business <b>3310 NORTH 29TH STREET TAMPA FL 33610</b>	Mailing Address <b>3310 NORTH 29TH STREET TAMPA FL 33610</b>
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3. Date Incorporated or Qualified <b>05/27/1992</b>		
4. FEI Number <b>59-3189777</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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	25
29	30

**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	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUKES, JAMES</b>	1.2 NAME	
STREET ADDRESS	<b>11712 N. TOM FOLSOM RD.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>THONOTSASSA FL 33582</b>	1.4 CITY - ST - ZIP	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STONE, MELVIN J.</b>	2.2 NAME	
STREET ADDRESS	<b>3508 33 AVE.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KING, PERRY, JR.</b>	3.2 NAME	
STREET ADDRESS	<b>1316 E. CYPRESS ST.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARKER, WILLIE L., JR.</b>	4.2 NAME	
STREET ADDRESS	<b>2613 CRESTFIELD DR.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>VALRICO FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TILLMAN, LARRY</b>	5.2 NAME	
STREET ADDRESS	<b>3212 E. PARIS STREET</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURNS, MALCOLM</b>	6.2 NAME	
STREET ADDRESS	<b>6706 WOODVILLE ST.</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL</b>	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.

SIGNATURE: Larry Tillman (Larry Tillman) 4/21/98 (813) 248-9091

CR2E037 (10/97)