FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 PM 7:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N49212** **(6)**

1. Corporation Name
FOREST HILLS BAPTIST CHURCH, INC. OF TAMPA

Principal Place of Business	Mailing Address
8401 N OTIS AVENUE TAMPA FL 33604	8401 N OTIS AVENUE TAMPA FL 33604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/03/1992**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-6045446** ☐ 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 ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

JEFFRES, MICHAEL
8508 NORTH WILLOW AVENUE
TAMPA FL 33604

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 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] MICHAEL JEFFRES P/D 4-20-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☒ Change ☐ Addition VP
NAME	MOSHKSAYAN, PEDRAM	12 NAME	DiRosa, Domenick
STREET ADDRESS	6001 CORNWALL LANE	13 STREET ADDRESS	1419 E Idlewild
CITY-ST-ZIP	TAMPA FL 33615	14 CITY-ST-ZIP	Tampa Florida 33604
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	BECKLEY, DOROTHY	22 NAME	
STREET ADDRESS	9406 N NEWPORT AVE	23 STREET ADDRESS	
CITY-ST-ZIP	TAMAP FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	O'DELL, TIM	32 NAME	
STREET ADDRESS	P O BOX 7249 N/A	33 STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	CRESPO, CHRIS	42 NAME	
STREET ADDRESS	P O BOX 77048 N/A	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	JEFFRES, MICHAEL	52 NAME	
STREET ADDRESS	8508 NORTH WILLOW AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33604	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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: [signature] P/D MICHAEL JEFFRES 4-20-95 935-7785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063804