

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra S. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002492 (4)

1. Corporation Name

FIRST MISSIONARY BAPTIST CHURCH OF HIGHLAND PINE
, INC.

Principal Place of Business

Mailing Address

4705 E 18TH AVE
TAMPA FL 336054705 E 18TH AVE
TAMPA FL 33605-24023. Date Incorporated or Qualified
05/06/1996

3a. Date of Last Report

4. FEI Number

59-3380052

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 Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARTER, FRANK L
4705 E 18TH AVE
TAMPA FL 33605

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 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 *Willie L. Lewis*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE
NAME	CARTER, FRANK L	
STREET ADDRESS	4705 E 18TH AVE	
CITY - ST - ZIP	TAMPA FL 33605	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	D	☐ DELETE
NAME	LEWIS, WILLIE L	
STREET ADDRESS	4705 E 18TH AVE	
CITY - ST - ZIP	TAMPA FL 33605	

2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	D	☒ DELETE
NAME	CLEMONS, SARAH C	
STREET ADDRESS	4705 E 18TH AVE	
CITY - ST - ZIP	TAMPA FL 33605	

3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	MCMILLAN, JAMES
3.3 STREET ADDRESS	4705 E 18TH AVENUE
3.4 CITY - ST - ZIP	TAMPA, FLORIDA 33605

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE	☐ Change ☐ 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: *Willie L. Lewis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-97 626-7550

Date

Daytime Phone # 0047270

CR2E037 (9/96)