## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # N96000002492 (4)

FIRST MISSIONARY BAPTIST CHURCH OF HIGHLAND PINE , INC.

Principal Place of Business

Mailing Address

4705 E 18TH AVE **TAMPA FL 33605** 

4705 E 18TH AVE TAMPA FL 33605

3. Date Incorporated or Qualified

**FILED** 

Jan 20 1998 8:00am

Secretary of State

TAMPA FL 3360	15	TAMPA FL 33605		05/06/1996	<u> </u>	
				4. FEI Number	Applied For	
				59-3380052	Not Applicable	
2. Principal P	lace of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional	
21 47//	E. 21st Avenue	26 P.O. Box 1	1906	5. Certificate of Status Desired	Fee Required	
Suite, Apt. #, etc. Suite, Apt. #, etc.				6. Election Campaign Financing	<b>\$5.00</b> May Be	
27				Trust Fund Contribution Added to Fees		
City & State City & State				7. is this nonprofit corporation a homeowners association?		
23 Tampa, Florida 28 Tampa, Flor			ida	☐ Yes ☐ No		
Zip 3360		Zin	Country	8. This corporation owes or has paid the	e current year Intangible	
24 3360	25 usa	33610-1906 <sub>30</sub>	USH	Personal Property Tax due June 30.	☐ Yes ☐ No	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registe	red Agent	
			81 Name	cank L. Cantan		
CARTER	, FRANK L		82 Street A	Address (P.O. Boy Number is Not Acceptable)		
	18TH AVE		82 Street Address (P.O. Box Number is Not Acceptable) 47// E. 2/at Avenue			
	FL 33605		83			
174111.74	2 00000		20 05		ar Zio Codo	
			84 City 7 a	empa.	FL   85   33605	
11. Pursuant	to the provisions of Sections 617.050	2 and 617,1508, Florida Statutes,	the above-named	corporation submits this statement for the purpo- oration's board of directors. I hereby accept the	se of changing its registered	
office or r	egistered agent, or both, in the State	of Florida, Such change was auth	horized by the corp	oration's board of directors. I hereby accept the	appointment as registered	
	m ramiliar with, and accept the obliga	mons of section 617.0503, Fiorid	ia Sialules.			
SIGNATURE (	Signature, typed or printed name of registered age	nt and title if applicable (NOTE: R	egistered Agent signature	required when reinstaling) DA	VIE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	D	DELETE	1,1 TITLE	C	Change Addition	
NAME	CARTER, FRANK L		1.2 NAME	Canten, Frank L.		
STREET ADDRESS	4705 E 18TH AVE		1.3 STREET ADDRESS	4711 & 21st Avenue		
CITY-ST-ZIP	TAMPA FL 33605		1.4 CITY-ST-ZIP	Tampa, Florida 3360	9 <del>5</del>	
TITLE	D	DELETE	2.1 TITLE		Change Addition	
NAME	LEWIS, WILLIE L	_	2.2 NAME	lemis Willie !.		
	4705 E 18TH AVE		2.3 STREET ADDRESS	Lewis, Willie L. 4711 E. 21st Avenue		
STREET ADDRESS	TAMPA FL 33605		2. 4 CITY-ST-ZIP	Tampa, Florida 33605	· ·	
CITY-ST-ZIP	D	☐ DELETE	3.1 TITLE	Marillan Garas	Change Addition	
TITLE			3.2 NAME	Mcmillan, James 4711 E. 21st Avenue		
NAME	MCMILLAN, JAMES			Tampa, Florida 33605		
STREET ADDRESS	4705 E 18TH AVE		3.3 STREET ADDRESS	Tampa, Troncaa 3300)		
CITY - ST - ZIP	TAMPA FL	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition	
TITLE		C DECESE	t I		— 4.40-45- — 1.4041001	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		Detete	4.4 CITY-ST-ZIP		Change Addition	
TITLE		☐ DELETE	5.1 TITLE		T original T Variation	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	•		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Change Addit-	
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS	•		
CITY - ST - ZIP			6.4 CITY-ST-ZIP			
14. I hereby o	certify that the information supplied w	th this filing does not qualify for the	he exemption state	d in Section 119.07(3)(i), Florida Statutes. I furth	er certify that the information	

Indicated on this annual report or supplied will use sining does not quality for the exemption stated in second 119.07(3)(), Florida Statutes, I further certain that the information indicated on this annual report or suppliemental 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 REQUIRED Wille L. Lewis

SIGNATURE: >

	FILE NUW: FI	LING FEE IS \$61.25	•			
COF	ONPROFIT RPORATION JAL REPORT 1998	FLORIDA DEPAR Sandra B. Secretary DIVISION OF C	Mortham y of State		, .	
DOCUI 1. Corporation	MENT # 70968	B7 (8)				
REDLA	INDS CHRISTIAN MIGRAN	IT ASSOCIATION, INC.		E HARMEDEN MANN 1800 ENING HAND HAND HAND ENERG WERE AND A	EHDELDTER COURT	
Principal Place	e of Business	Mailing Address				
		402 W MAIN STREET IMMOLAKEE FL 33934		3. Date incorporated or Qualified 10/01/1965	1100	
				4. FEI Number	Applied For Not Applicable	
21	lace of Business	2a. Mailing Address 26		Fee F	Additional Required	
Suite, Apt.  22  City & State		Suite, Apt. #, etc. 27  City & State	<u> </u>	Trust Fund Contribution Added	May Be to Fees	
23 Zlp	23 28		Country	7. Is this nonprofit corporation a homeowners association?  Yes No  8. This corporation owes or has paid the current year Intangible		
24	9. Name and Address of Curr		30		X No	
MAINSTER, BARBARA 402 W MAIN STREET IMMOKALEE FL 34142  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code						
SIGNATURE _	to the provisions of Sections 617.0 egistered agent, or both, in the Stam familiar with, and accept the ob-		s, the above-named corporal thorized by the corporal ida Statutes.	paration submits this statement for the purpose of changing tion's board of directors. I hereby accept the appointment a		
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12 0	
TITLE NAME STREET ADDRESS	PD SORN, GEORGE F. 4401 E. COLONIAL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	L. Change	RS IN 12  Addition  Addition	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		B	
NAME	VD CISSEL, DOROTHY 5842 S.W. 144 CR PLACE	DELETE	2.1 TITLE 2.2 NAME	Change	Addition C	
STREET ADDRESS CITY-ST-ZIP	MIAMI FL		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP			
TITLE	TD Galvan, Eduardo	☐ DELĒTE	3.1 TITLE	Change	Addition	
	CALVAIN, LDOANDO		3.2 NAME		1	
STREET ADDRESS CITY-ST-ZIP	P. O. BOX 1032 N/A IMMOKALEE FL		3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP			
CITY-ST-ZIP TITLE	P. O. BOX 1032 N/A IMMOKALEE FL D	DELETE	3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE	☐ Change	Addition	
CITY-ST-ZIP TITLE NAME	P. O. BOX 1032 N/A IMMOKALEE FL D MAINSTER, BARBARA	☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME	☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. O. BOX 1032 N/A IMMOKALEE FL D MAINSTER, BARBARA 402 W MAIN STREET IMMOKALEE FL		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P. O. BOX 1032 N/A IMMOKALEE FL D MAINSTER, BARBARA 402 W MAIN STREET IMMOKALEE FL S	☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P. O. BOX 1032 N/A IMMOKALEE FL  D MAINSTER, BARBARA 402 W MAIN STREET IMMOKALEE FL  S SHAPIRO, MYRA 4301 GULFSHORE BLVD., I	☐ DELETÉ	3.3 STREET ADDRESS 3.4. CITY- ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P. O. BOX 1032 N/A IMMOKALEE FL D MAINSTER, BARBARA 402 W MAIN STREET IMMOKALEE FL S SHAPIRO, MYRA	☐ DELETÉ	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P. O. BOX 1032 N/A IMMOKALEE FL  D MAINSTER, BARBARA 402 W MAIN STREET IMMOKALEE FL S SHAPIRO, MYRA 4301 GULFSHORE BLVD., I NAPLES FL V BERRIEN, DEACON J	☐ DELETE  N., #401	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. O. BOX 1032 N/A IMMOKALEE FL D MAINSTER, BARBARA 402 W MAIN STREET IMMOKALEE FL S SHAPIRO, MYRA 4301 GUILFSHORE BLVD., I NAPLES FL V BERRIEN, DEACON J P O BOX 215 WINAUMA FL	☐ DELETE  N., #401 ☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. O. BOX 1032 N/A IMMOKALEE FL D MAINSTER, BARBARA 402 W MAIN STREET IMMOKALEE FL S SHAPIRO, MYRA 4301 GUILFSHORE BLVD., I NAPLES FL V BERRIEN, DEACON J P O BOX 215 WINAUMA FL	☐ DELETE  N., #401 ☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change	☐ Addition	

George F. Sorn 1/12/98

(407)277-2951