**FILE NOW: FILING FEE IS $61.25**

FILED
Jul 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1998**

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

DOCUMENT # N97000006577 (7)

1. Corporation Name

BLOOMINGDALE OAKS BAPTIST CHURCH OF VALRICO, FLA ., INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1653 BLOOMINGDALE AVE<br>VALRICO FL 33594 | 1653 BLOOMINGDALE AVE<br>VALRICO FL 33594 |

3. Date Incorporated or Qualified: 11/20/1997

4. FEI Number: 59-3356843 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Fleeting/Expedited Filing ☐ **$35.00**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| ODOM, JOHN<br>1653 BLOOMINGDALE AVE<br>VALRICO FL 33594 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | ☐ DELETE | 1.1 TITLE | PD ☐ Change ☐ Addition |
| NAME | | 1.2 NAME | John Odom |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 2506 Wrenerest Cir |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | Valrico, FL 33594 |
| TITLE | ☐ DELETE | 2.1 TITLE | VD ☐ Change ☐ Addition |
| NAME | | 2.2 NAME | Gene McKinney |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 1306 W. Risk, Apt 3B |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | Plant City, FL 33566 |
| TITLE | ☐ DELETE | 3.1 TITLE | D ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | Steve Little |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 4146 Quail Briar Dr |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Valrico, FL 33594 |
| TITLE | ☐ DELETE | 4.1 TITLE | P ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | Janice Davis |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 6510 Durant Rd |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Plant City, FL 33565 |
| TITLE | ☐ DELETE | 5.1 TITLE | D ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | Judy Drawdy |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 5404 West Miley Rd |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Plant City, FL 33565 |
| TITLE | ☐ DELETE | 6.1 TITLE | D ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | Curtis Vinson |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 2607 Shady Grove Lane |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Plant City, FL 33565 |

CR2E037 (10/97)

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: [illegible] Treasurer 4/30/98 813-684-4623