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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **707539** (3)

1. Corporation Name

FIRST BAPTIST CHURCH OF OLDSMAR, INC.

Principal Place of Business

**650 BURBANK ROAD
OLDSMAR FL 34677**

Mailing Address

**650 BURBANK ROAD
OLDSMAR FL 34677-3817**



3. Date Incorporated or Qualified **07/06/1964** 3a. Date of Last Report **03/11/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-2066641** Applied For ☐ Not Applicable ☐

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**PRESTON, REV EDDIE L
1337 COLUMBIA AVENUE
PALM HARBOR FL 33563**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TPD	1.1 TITLE	☐ Change ☐ Addition
NAME	MASON, DAVID	1.2 NAME	
STREET ADDRESS	10401 STIRRUP WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	WARREN, HAROLD	2.2 NAME	
STREET ADDRESS	7002 JACKSON SPRINGS RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 00000	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	NELSON, CHARLES	3.2 NAME	
STREET ADDRESS	2720 WENDOVER TERRACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALM HARBOR FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 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: *David F. Mason* **DAVID F. MASON** 3/16/97 (813) 854-1385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0088490**

CR2E037 (9/96)