


7-18-97 B-7966-XC
FILE NOW: FILING FEE IS \$61.25

FILED
Jul 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. MyTham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001536 (9)**

1. Corporation Name

ST. MARY MISSIONARY BAPTIST CHURCH OF TAMPA, INC

Principal Place of Business

Mailing Address

**3924 LAUREL STREET
TAMPA FL 33607**

**3924 LAUREL STREET
TAMPA FL 33607-2405**



3. Date Incorporated or Qualified
03/20/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**LEWIS, RUFUS DEACON
3924 LAUREL STREET
TAMPA FL 33607**

10. Name and Address of New Registered Agent

81 Name

Sims, ERNEST Brother

82 Street Address (P.O. Box Number is Not Acceptable)

83

3924 - Laurel Street

84 City

Tampa

FL

85

**Zip Code
33607**

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

[Signature]

Ernest Sims

4/10/97

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **LEWIS, RUFUS DEACON**
STREET ADDRESS **C/O 3924 LAUREL STREET**
CITY - ST - ZIP **TAMPA FL 33607**

TITLE **SD** ☐ DELETE

NAME **REDDIN, LAFRAN SISTER**
STREET ADDRESS **C/O 3924 LAUREL STREET**
CITY - ST - ZIP **TAMPA FL 33607**

TITLE **TD** ☐ DELETE

NAME **SIMS, ERNEST BROTHER**
STREET ADDRESS **C/O 3924 LAUREL STREET**
CITY - ST - ZIP **TAMPA FL 33607**

TITLE **Wilson, Robert Brother** ☐ DELETE

NAME **Wilson, Robert Brother**
STREET ADDRESS **C/O 3924 Laurel Street**
CITY - ST - ZIP **Tampa, FL 33607**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **Wilson, Robert Brother**
1.3 STREET ADDRESS **C/O 3924 Laurel Street**
1.4 CITY - ST - ZIP **Tampa, FL 33607**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

[Signature]

4-1397

877-6254

CR2E037 (9/96)