

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002492

Entity Name: FIRST MISSIONARY BAPTIST CHURCH OF HIGHLAND PINES, INC.**FILED**
May 02, 2014
Secretary of State
CC8225973528**Current Principal Place of Business:**4711 E 21ST AVE
TAMPA, FL 33605**Current Mailing Address:**4711 E 21ST AVE
TAMPA, FL 33605 US**FEI Number: 59-3380052****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CLEVELAND LANE
4711 EAST 21ST AVENUE
TAMPA, FL 33605 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PASTOR
Name	LANE, CLEVELAND
Address	4711 E 21ST AVE
City-State-Zip:	TAMPA FL 33605

Title	DEACON
Name	LEWIS, WILLIE
Address	4711 E 21ST AVE
City-State-Zip:	TAMPA FL 33605

Title	DEACONESS
Name	CARTER, IVA B
Address	4711 E 21ST AVE
City-State-Zip:	TAMPA FL 33605

Title	DEACON
Name	BROWN, LAWRENCE
Address	4711 E 21ST AVENUE
City-State-Zip:	TAMPA FL 33605

Title	DEACON
Name	FOREMAN, WILLIE
Address	4711 E 21ST AVENUE
City-State-Zip:	TAMPA FL 33605

Title	TRUSTEE
Name	DAVIS, PATRICK
Address	4711 E 21ST AVENUE
City-State-Zip:	TAMPA FL 33605

Title	TRUSTEE
Name	HENDERSON, RENEE
Address	4711 E. 21ST AVENUE
City-State-Zip:	TAMPA FL 33605

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: IVA CARTER**DEACONESS****05/02/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date