

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -3 PM 1:32

DOCUMENT # 700553 (1)
1. Corporation Name
DAVIS ISLANDS COMMUNITY CHURCH INCORPORATED

Principal Place of Business: **211 COMO STREET TAMPA FL 33606**
Mailing Address: **97 BISCAYNE AVE TAMPA FL 33606 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

3. Date Incorporated or Qualified: **03/01/1960**
3a. Date of Last Report: **02/16/1994**
4. FEI Number: **23-7273510**
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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**JOHNSTON, WILMER A.
97 BISCAYNE AVENUE
TAMPA FL 33606**

10. Name and Address of New Registered Agent
81 Name: **REGISTER, BRUCE C.**
82 Street Address (P.O. Box Number is Not Acceptable): **97 BISCAYNE AVENUE**
83
84 City: **TAMPA** FL 85 Zip Code: **33606**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Bruce C. Register* DATE: **1/28/95**
(Signature, typed or printed name of registered agent and title acceptable) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DELVECCHIO, DINO
STREET ADDRESS	3909 W. CLEVELAND #101
CITY-ST-ZIP	TAMPA, FL 00000
TITLE	P
NAME	JOHNSTON, WILMER A.
STREET ADDRESS	3004 LAWN AVENUE
CITY-ST-ZIP	TAMPA, FL 00000
TITLE	D
NAME	REGISTER, BRUCE
STREET ADDRESS	P.O. BOX 21083
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	PODOLSKY, BILL
STREET ADDRESS	3209 HAWTHORNE RD.
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	SMITH, STOCKTON
STREET ADDRESS	2415 PROSPECT RD.
CITY-ST-ZIP	TAMPA FL
TITLE	I
NAME	WEST, STAN
STREET ADDRESS	3407 DREXEL AVE.
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	I <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DELVECCHIO, DINO
1.3 STREET ADDRESS	3909 W. CLEVELAND AVE. #101
1.4 CITY-ST-ZIP	TAMPA, FL 33609
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOHNSTON, WILMER A.
2.3 STREET ADDRESS	3004 LAWN AVE.
2.4 CITY-ST-ZIP	TAMPA, FL 33611
3.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	REGISTER, BRUCE C.
3.3 STREET ADDRESS	2822 CEDARIDGE DR.
3.4 CITY-ST-ZIP	TAMPA, FL 33618
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ERICKSON, LANNY
4.3 STREET ADDRESS	2410 PROSPECT DR.
4.4 CITY-ST-ZIP	TAMPA, FL 33620
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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: *Dino DelVecchio* DATE: **1/24/95** **813-251-1591**
(Signature and typed or printed name of signing officer or director)