FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

FILED					
Feb 02 1998 8:00am					
Secretary of State					

SIA WILLE CREEK DAFTIST CHURCH, INC.						
Principal Place of Business Mailing Address						
4036 FAULKENBURG RD. 4036 FAULKENBURG RD. TAMPA FL 33610					3. Date Incorporated or Qualified 03/16/1960	
					4. FEI Number Applied For	
2. Principal F	Place of Business	2a. Mailing Address				
21 26					5. Certificate of Status Desired S8.75 Additional Fee Required	
Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be	
22 27					Trust Fund Contribution	
City & State City & State					7. Is this nonprofit corporation a homeowners association?	
Zip Country		Zip			8. This corporation owes or has paid the current year Intangible	
24	25 29 30		30	•	Personal Property Tax due June 30. Yes No	
	Name and Address of Currer	it Registered Agent			10. Name and Address of New Registered Agent	
			81	Name		
INGLE, ZAN 8100 TUDOR PLACE				Street Ac	ddress (P.O. Box Number is Not Acceptable)	
TAMPA FL 33610			83	1		
			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.						
office or a	egistered agent, or both, in the State im familiar with, and accept the obligations.	of Florida. Such change was	s authorized b Florida Statute	y the corpo	ration's board of directors. I hereby accept the appointment as registered	
SIGNATURE						
	Signature, typed or printed name of registered age	nt and title if applicable. (N	OTE: Registered Aç	ent signature rec	quired when reinstating) DATE	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TOLE	PD INCLE 74N	<u></u> DELETE	1.1 TITLE		Change Addition	
NAME	INGLE, ZAN 8011 TUDOR PLACE		1.2 NAME			
STREET ADDRESS	TALEMA EL			T ADDRESS		
CITY-ST-ZIP TITLE	VP	☐ DELETE	1.4 CITY-	ST-ZIP	Change Addition	
NAME	MCNAIR, RICHARD C.	☐ DECEIE	2.1 TITLE		L Change Addition	
STREET ADDRESS	10316 TANNER ROAD		2.2 NAME		,	
CITY-ST-ZIP	TAMPA FL		1	T ADDRESS		
TITLE	TD	☐ DELETE	2. 4 CITY- 3.1 TITLE	21-71b	Change Addition	
NAME	BILLIE WILLIAMS		3.2 NAME			
STREET ADDRESS	1105 E. CAMELLIA DRIVE			T ADDRESS		
CITY-ST-ZIP	BRANDON FL		3.4. CITY-			
TITLE	S	DELETE	4.1 TITLE		Change Addition	
NAME	AMMONS, IRENE		4, 2 NAME			
STREET ADDRESS	6021 EUREKA SPRINGS ROAL)	4.3 STREE	T ADDRESS		
CITY-ST-ZIP	Tampa fl		4.4 CITY-1	ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		Change Addition	
NAME	OLIVER, LINDA		5.2 NAME			
STREET ADDRESS 415 BENSON STREET		5.3 STREE	i address			
CITY-ST-ZIP	MAI DICC EL		5.4 CITY-5	ST-ZIP_		
TITLE	M.C. A.C. S. D. L. C.	DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - S	iT-ZIP		

I hereby certify that the Information supplied with this filling 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, cypn an attachment with an address.

RICHARD C. MCNAIR, Vice-Pres.

813-626-1926 January 19,1998