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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90167 017 \*\*\*\*61.25

0050228

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 700641**

1. Corporation Name

**SIX-MILE-CREEK-BAPTIST-CHURCH, INC.**

Principal Place of Business

4036 FAULKENBURG RD.  
TAMPA FL 33610

Mailing Address

4036 FAULKENBURG RD.  
TAMPA FL 33610



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/16/1960

4. FEI Number

59-1160530

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

9. Name and Address of Current Registered Agent

INGLE, ZAN  
8100 TUDOR PLACE  
TAMPA FL 33610

10. Name and Address of New Registered Agent

81 Name

IRENE AMMONS

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

6021 EUREKA SPRINGS ROAD

83 TAMPA

84 City TAMPA

FL 85 Zip Code 33610

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 *Irene Ammons*  
Signature, typed or printed name of registered agent and title if applicable.

IRENE AMMONS, PRESIDENT

January 31, 1999

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ~~DELETE~~  
NAME INGLE, ZAN  
STREET ADDRESS 8011 TUDOR PLACE  
CITY-ST-ZIP TAMPA FL

TITLE VP ☐ DELETE  
NAME MCNAIR, RICHARD C.  
STREET ADDRESS 10316 TANNER ROAD  
CITY-ST-ZIP TAMPA FL

TITLE TD ☐ DELETE  
NAME BILLIE WILLIAMS  
STREET ADDRESS 1105 E. CAMELLIA DRIVE  
CITY-ST-ZIP BRANDON FL

TITLE S ~~DELETE~~  
NAME AMMONS, IRENE  
STREET ADDRESS 6021 EUREKA SPRINGS ROAD  
CITY-ST-ZIP TAMPA FL

TITLE SD ~~DELETE~~  
NAME OLIVER, LINDA  
STREET ADDRESS 415 BENSON STREET  
CITY-ST-ZIP VALRICO FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition  
1.2 NAME P/D  
1.3 STREET ADDRESS IRENE AMMONS  
1.4 CITY-ST-ZIP 6021 Eureka Springs Rd.  
Tampa, FL. 33610

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 S  
4.3 STREET ADDRESS JAMES BRUNSON  
4.4 CITY-ST-ZIP 9401 SUNSET DRIVE  
TAMPA, FLA. 33610

5.1 TITLE ☒ Change ☒ Addition  
5.2 NAME SD  
5.3 STREET ADDRESS GWEN IVEY  
5.4 CITY-ST-ZIP 916 Alpine Drive  
Brandon, FL. 33510

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Richard C. McNair* Richard C. McNair, Vice-President

January 31, 1999  
813-626-1926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)