

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90244 048 \*\*\*\*61.25

DOCUMENT # 700641

1. Entity 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

94061706



MOORE CR2E037 (11/03)

2. Principal Place of Business

4036 N. FAULKENBURG RD  
Suite, Apt. #, etc. RD

3. Mailing Address

4036 N. FAULKENBURG RD  
Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-1160530

Applied For

Not Applicable

Zip

33610

Country

HILLSBORO

Zip

33610

Country

HILLSBORO

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCGOUGH, KENT  
10142 BRYAN ROAD  
TAMPA FL 33610

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	ROBERT, STEELE	
STREET ADDRESS	6309 DIAMOND AVE	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FUSSELL, BERTHA E	
STREET ADDRESS	5030 CLEWIS AVE	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GLISSON, BETTY J	
STREET ADDRESS	10919 WHISPERING OAKS CIRCLE	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BRUNSON, JAMES	
STREET ADDRESS	9401 SUNSET DRIVE	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MOULTON, WAYNE	
STREET ADDRESS	5231 LEMON AVE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE		<input type="checkbox"/> Delete
NAME	KENT MCGOUGH	
STREET ADDRESS	10142 BRYAN RD.	
CITY-ST-ZIP	TAMPA, FL 33610	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENT MCGOUGH	
STREET ADDRESS	10142 BRYAN RD	
CITY-ST-ZIP	TAMPA FL 33610	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

BETTY J. GLISSON  
SIGNATURE: Betty J. Glisson, trustee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-04(813)626-1926

Date

Daytime Phone #