## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 04, 2008 8:00 am Secretary of State

DOCUMENT # 700641  1. Entity Name HIGHLAND OAKS BAPTIST CHURCH, INC.					Secretary 01 State 06-04-2008 90001 009 ****70.00					
Principal Place of Business 4036 N FAULKENBURG RD. TAMPA, FL 33610  Mailing Address 4036 N FAULKENBURG R TAMPA, FL 33610  TAMPA, FL 33610			G RD.			LYIN BERIO ONN OLER		II BUT DIFA BID	an an	
Suite, Apt. #, etc.			Kenbu	urg Rd.	01292008	Cha NG	CB350	<b>1                                    </b>		
Tampa City & State	Florida	City & State	Flo	orida		Chg-NP	CHZEO.	37 (12/06)	plied For	
33610		33610	Hills	Sborough	4. FEI Numbe 59-1160	530		<del></del>	t Applicable	
Zip	Country	Zip	Cou	intry	5. Certificate	of Status Desire	а <b>Ж</b>	\$8.75 Add		
	6. Name and Address of Current F	 Registered Agent	I		7. Name and	Address of Ne	w Registered	<u>`</u>	-	
FUSSELL, BERTHA E				Name Paula Gaskins						
5030 CLEWIS AVE				Street Address (P.O. Box Number is Not Acceptable)						
TAMPA, FL 33610				10115 N. Willow Ave.						
				City			FL	Zip Code	9 12	
8. The above named entity submits this statement for the purpose of changing its re-										
	ions of registered agent. Faul	a Jaskin	<b>4</b> )	4				1 1		
SIGNATURE	Bula Gaskins	y/Treas	surer		1/	29/2	800			
1	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE: Recustere	d Agent agnature require	ed when mentaless)		DATE			
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	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Ca Trust Fund	mpaign F	inancing	\$5.00 May B	e F	Make checi lorida Depar	k payable te tment of St		
10.	Due by May 1, 2008 OFFICERS AND DIR	9. Election Ca Trust Fund	ampaign F Contributi	inancing ion.	\$5.00 May B	F	lorida Depai	RECTORS IN	10	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 attactive with an address, with all other like empowered.

SIGNATURE: Laula Hoskins

SIGNATURE AND TYPED OR PERINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2008 (813)933-869