

FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 706306 (8)**  
1. Corporation Name  
**FIRST BAPTIST CHURCH OF COLLEGE HILL, INC.**



Principal Place of Business <b>3838 NORTH 29TH STREET TAMPA FL 33610 US</b>	Mailing Address <b>3838 NORTH 29TH STREET TAMPA FL 33610-7768 US</b>
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3. Date Incorporated or Qualified <b>10/21/1963</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2788090</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent  
**CONZALEZ, JOE M.  
1519 N. DALE MABRY, SUITE 100  
LUTZ FL 33549**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>MATHEWS, RHEUBEN</b> 3902 34TH STREET TAMPA FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>
NAME			1.2 NAME <b>Cole, Robert</b>
STREET ADDRESS			1.3 STREET ADDRESS <b>11710 Tom Folson Road</b>
CITY-ST-ZIP			1.4 CITY-ST-ZIP <b>Thonotosassa, FL 33592-2932</b>
TITLE <b>V</b>	<b>NELSON, ARTHUR</b> 8104 JAD DRIVE TAMPA FL	<input type="checkbox"/> DELETE	2.1 TITLE <b>VD</b>
NAME			2.2 NAME <b>Nelson, Arthur</b>
STREET ADDRESS			2.3 STREET ADDRESS <b>3114 Lindell Avenue, East</b>
CITY-ST-ZIP			2.4 CITY-ST-ZIP <b>Tampa, Florida 33610</b>
TITLE <b>TD</b>	<b>MITCHELL, WILLIAM</b> 2409 E. CAYUGA TAMPA FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>T</b>
NAME			3.2 NAME <b>Butcher, Lindberg</b>
STREET ADDRESS			3.3 STREET ADDRESS <b>3404 East Fern (East Fern</b>
CITY-ST-ZIP			3.4 CITY-ST-ZIP <b>Tampa, FL 33610</b>
TITLE <b>D</b>	<b>ANDERSON, RAYMOND</b> 16712 FOOTHILL DR TAMPA FL 33624	<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE <b>D</b>	<b>BRYANT, HAYWARD</b> 8328 VOLUSIA PLACE TEMPLE TERRACE FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME <b>Scott, Frank</b>
STREET ADDRESS			5.3 STREET ADDRESS <b>1911 East Emma Street</b>
CITY-ST-ZIP			5.4 CITY-ST-ZIP <b>Tampa, FL 33610</b>
TITLE <b>D</b>	<b>COLE, ROBERT</b> 11710 TOM FOLSON ROAD TAMPA FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ **Raymond Anderson** 4/28/97 (813)248-6600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # 0047749

CR2E037 (9/96)