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 #

LUTZ FL 33549

(8)

FIRST BAPTIST CHURCH OF COLLEGE HILL, INC.

FILED
Feb 26 1998 8:00am
Secretary of State

		-{						
Principal Place of Business Mailing Address						VIVIL DIVIL DIVIL 1091		
3838 NORTH 29TH STREET 3838 NORTH 29TH STREET TAMPA FL 33610 TAMPA FL 33610				3. Date Incorporated or Qualified 10/21/1963				
US .	US	US			4. FEI Number Applied For			
· · · · · · · · · · · · · · · · · · ·					59-2788090	Not Applicable		
Principal Place of Business 21	2a. Mailing Addre					\$8.75 Additional Fee Required		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					\$5.00 May Be Added to Fees			
City & State City & State				7. Is this nonprofit corporation a homeowners association?				
Zip Country 25	Zip 29	Country 30			8. This corporation owes or has paid the current y Personal Property Tax due June 30.	<u> </u>		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
CONTAINED FOR IA			81	Name	ddress (P.O. Box Number is Not Acceptable)			
			82	Street Addre				

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

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City

agent. I a	m familiar with, and accept the obligation	s of, Section 617.0503, Flo	rida Statutes.						
SIGNATURE	Signature, typed or printed name of registered agent and	title if englischie AUTE	- Registered Agent elegants	required when rehelation)	ITE				
12.	OFFICERS AND DIRECTORS		13.	egistered Agent signature required when rehetating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN					
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change	Addition			
NAME	COLE, ROABERT		1.2 NAME						
STREET ADDRESS	11710 TOM FOLSON ROAD		1.3 STREET ADDRESS						
CITY-ST-ZIP	<u>TH</u> ONOTOSASSA FL		1.4 CITY+ST-ZIP						
TITLE	V	☐ DELETE	2.1 TITLE	VD	Change	Addition			
NAME	NELSON, ARTHUR		2.2 NAME	NELSON, ARTHUR					
STREET ADDRESS	8104 JAD DRIVE		2.3 STREET ADDRESS	3114 Lindell Avenue,	East				
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-ST-ZIP	Tampa, Florida 33610					
TITLE	7	DELETE	3.1 TITLE		Change	Addition			
NAME	BUTCHER, LINDBERG		3.2 NAME						
STREET ADDRESS	3404 EAST FERN		3.3 STREET ADDRESS						
CITY-ST-ZIP	TAMPA FL		3.4. CITY - ST - ZIP						
TITLE	D	☐ DELETE	4.1 TITLE		Change	Addition			
NAME	ANDERSON, RAYMOND		4. 2 NAME						
STREET ADDRESS	16712 FOOTHILL DR		4.3 STREET ADDRESS						
CITY-ST-ZIP	TAMPA FL 33624		4.4 CITY-ST-ZIP						
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change	Addition			
NAME	S COTT, FRANK		5.2 NAME						
STREET ADDRESS	1911 EAST EMMA STREET		5.3 STREET ADDRESS						
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP						
TITLE	-	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition			
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
0,707 67 710			4.4 O/D/ OT 31D						

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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 inchanged, or on an attachment with an address.

Zip Code