FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 706718 DOCUMENT #

(4)

BAY CEIA BAPTIST CHURCH, INC.

BAT OLIA BAI HOT OHOHOM		
ncipal Place of Business	Mailing Address	
15 GEORGE RD.	4615 GEORGE RD. Tampa FL 33634	

Principal Place o	incipal Place of Business Mailing Address						
4615 GEORGE RD. TAMPA FL 33634		4615 GEORGE RD. TAMPA FL 33634					
							3. Date Incorporated or Qualified 01/20/1964 3a. Date of Last Report 01/25/1995
2. Principal Plac	on of Business	2a. Mailing	Address				4. FEI Number Applied For
z. Philioparria.	ge of Business	26	•				59-0995641 Not Applicate
Suite, Apt. #	, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired Security Securi
2 City & State		City & State					6. Election Campaign Financing \$5.00 May Be
							Trust Fund Contribution Added to Fees
				Country		8. This corporation has liability for intangible tax under s. 199.032,	
25		29	¬ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			Florida Statutes	
J	9. Name and Address of Curre	ent Registered	Agent		Г,		10. Name and Address of New Registered Agent
					81	Name	
BRAGG, [DAVID G				82	Street A	Address (P.O. Box Number is Not Acceptable)
8808 W E					83		
TAMPA F	L 33615						85 Zip Code
					84	City	FL FL FL FL FL FL FL FL
12.		NO DIRECTORS		13.	-		ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12
	Signature typed or printed name of registered and OFFICERS A	ND DIRECTORS					reduced when remarking) ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	111	ITLE		C Ghange C Produite
NAME	EVANS, JOAN				IAME		
STREET ADDRESS	6709 MORNAY CIR					I ADDRESS	
CHTY-ST-ZIP	TAMPA, FL 00000		∏X)ELETE		1.4 CHY-SI-7IP		Cnange X Additi
TITLE	D SAIDO CALLY /		[With the		2.1 TITUE 2.2 NAME		Ken. Jerry
NAME	7706 PARMEROOK DR.					T ADDRESS	Key, Jerry 11409 Glenmont Dr.
STREET ADDRESS	JAMPA, FL 00008						Tampa, FL 33635
DITY-ST-ZIP)		DELETE		2 4 CITY - ST - 7IP 3 1 TITLE		Change Additi
TITLE	MASON, LOUIS		_	1	NAME		
NAME STREET ADDRESS	8417 BEDFORD LANE			333	STREE	1 ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000			3.4	CITY -	· S1 - Z1P	
TITLE	D		DELETE	4.1	TITLE		Change Addit
NAME	SMALL, BONNIE			4 2	NAME	E	
STREET ADDRESS	7210 BATTENWOOD CT			4 3	4.3 STREET ADDRESS		2
CITY-ST-ZIP	TAMPA FL			4.4	4.4 CITY - ST - ZIP		☐ Change ☐ Addit
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NAME					NAME		
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TITLE			DELETE		TITLE		Citality 1700
NAME					NAME		. 1
STREET ADDRESS				6.3	STRE	F1 ADDRESS	S

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: 📐

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 - 15 - 96 Daytinic Phone k