

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90075 014 ****61.25

0051506

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706718

1. Corporation Name

BAY CEIA BAPTIST CHURCH, INC.

Principal Place of Business

4615 GEORGE RD.
TAMPA FL 33634

Mailing Address

4615 GEORGE RD.
TAMPA FL 33634



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/20/1964

4. FEI Number

59-0995641

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

~~WINTERS, BRADLEY
4611 BYERLE CIRCLE
TAMPA FL 33634~~

10. Name and Address of New Registered Agent

81 Name

Virgil Choate

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

10262 Oasis Palm Dr.

83

84 City

Tampa

FL

85 Zip Code

33615

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

Virgil Choate

Virgil Choate

March 10, 1999

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
STREET ADDRESS EVANS, JOAN
CITY-ST-ZIP 6709 MORNAY CIR
TAMPA, FL 00000

TITLE ☐ DELETE

NAME D
STREET ADDRESS BRAGG, ALA L
CITY-ST-ZIP 8808 W. BROAD ST
TAMPA FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS NOBLE, SHIRLEY
CITY-ST-ZIP 4213 SO ANITA BLVD.
TAMPA FL

TITLE ☒ DELETE

NAME D
STREET ADDRESS CHOATE, VIRGIL
CITY-ST-ZIP 10262 OASIS PALM DR.
TAMPA FL 33615

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Lewis Craven
1.3 STREET ADDRESS 3205 Belle Shadow Cir
1.4 CITY-ST-ZIP Tampa, FL 33634

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: *Ala Bragg* SIGNATURE REQUIRED *Ala Bragg*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99 (813) 884-1517

Date

Daytime Phone #

CR2E037 (11/98)