

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$150.00. UNPAID AMOUNT DUE TO IMMEDIATE.

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

1995 JUL 13 AM 8:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 708637 (4)

1. Corporation Name
CAUSEWAY BAPTIST CHURCH, INC.

Principal Place of Business 3015 SOUTH 75TH STREET TAMPA FL 33619	Mailing Address 3015 SOUTH 75TH STREET TAMPA FL 33619
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/16/1965	3a. Date of Last Report 03/25/1994
4. FBI Number 59-1765911	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HOLLAND, TERRY LEE
 8517 BLUERIDGE DR.
 TAMPA FL 33619**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	JONES, JAMES J
STREET ADDRESS	3016 S. 75TH STREET
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	JONES, JAMES R
STREET ADDRESS	3016 SOUTH 75TH STREET
CITY-ST-ZIP	TAMPA, FL 00000
TITLE	D
NAME	NASSAR, FREDERICK
STREET ADDRESS	2027 WAIKIKI WAY
CITY-ST-ZIP	TAMPA FL
TITLE	PD
NAME	HOLLAND, TERRY LEE
STREET ADDRESS	8517 BLUERIDGE DR
CITY-ST-ZIP	TAMPA FL
TITLE	T
NAME	PHILIPPUS, EDNA M
STREET ADDRESS	316 REGAL PARK DR
CITY-ST-ZIP	VALRICO FL
TITLE	AT
NAME	DENMARK, JUDY
STREET ADDRESS	1508 66TH STR SO
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Edna M. Philippus Edna M. Philippus 7-2-95 800-666-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/95)