

**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 Mailing Address  
**3015 SOUTH 75TH STREET TAMPA FL 33619**

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

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  **\$0.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **FILING FEE IS \$61.25**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  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  
 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 \_\_\_\_\_ 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	<b>D</b>
NAME	<b>JONES, JAMES J</b>
STREET ADDRESS	<b>3016 S. 75TH STREET</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b>
NAME	<b>JONES, JAMES R</b>
STREET ADDRESS	<b>3016 SOUTH 75TH STREET</b>
CITY-ST-ZIP	<b>TAMPA, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>NASSAR, FREDERICK</b>
STREET ADDRESS	<b>2027 WAIKIKI WAY</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>PD</b>
NAME	<b>HOLLAND, TERRY LEE</b>
STREET ADDRESS	<b>8517 BLUERIDGE DR</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>T</b>
NAME	<b>PHILIPPUS, EDNA M</b>
STREET ADDRESS	<b>316 REGAL PARK DR</b>
CITY-ST-ZIP	<b>VALRICO FL</b>
TITLE	<b>AT</b>
NAME	<b>DENMARK, JUDY</b>
STREET ADDRESS	<b>1508 66TH STR SO</b>
CITY-ST-ZIP	<b>TAMPA FL</b>

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)