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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 709295 (0)
1. Corporation Name
FIRST BAPTIST CHURCH OF TEMPLE HEIGHTS, INC.



Principal Place of Business Mailing Address
8406-46TH STREET 8406-46TH STREET
TAMPA FL 33617 TAMPA FL 33617-6910

3. Date Incorporated or Qualified 07/12/1965
3a. Date of Last Report 03/04/1996

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

4. FEI Number 59-1274196 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
COCKRELL, EDWARD A.
120 LAKE DRIVE
LUTZ FL 33549

10. Name and Address of New Registered Agent
81 Name Anthony G. Perry
82 Street Address (P.O. Box Number is Not Acceptable) 3635 Woodhill Dr.
83
84 City Brandon FL 85 Zip Code 33511

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: *Anthony G. Perry* 4-16-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retitling) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | COCKRELL, EDWARD A | |
| STREET ADDRESS | 120 LAKE DRIVE | |
| CITY-ST-ZIP | LUTZ FL 33549 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | KELLEY, N A | |
| STREET ADDRESS | 1428 HOUNDS HOLLOW CT. | |
| CITY-ST-ZIP | LUTZ FL 33549 | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | SMITH, ROBERT L | |
| STREET ADDRESS | 4738 N. COOPER RD. | |
| CITY-ST-ZIP | PLANT CITY FL 33565 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | WHEELER, JOHN | |
| STREET ADDRESS | 17304 LYNNDAN DR. | |
| CITY-ST-ZIP | LUTZ FL 33549 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------|--|
| 1.1 TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Perry, Anthony G | |
| 1.3 STREET ADDRESS | 3635 Woodhill Dr | |
| 1.4 CITY-ST-ZIP | Brandon FL 33511 | |
| 2.1 TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Baillie, Clayton A | |
| 2.3 STREET ADDRESS | 27107 Sea Breeze Way | |
| 2.4 CITY-ST-ZIP | Wesley Chapel, FL 33543 | |
| 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 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.

SIGNATURE: *Anthony G. Perry* 4-16-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048303

CR2E037 (9/96)