


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90302 030 ****61.25

DOCUMENT # 710161 1. Entity Name THE NORTH ROME BAPTIST CHURCH, INC.	
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Principal Place of Business 6815 N ROME AVENUE TAMPA, FL 33604	Mailing Address 6815 N ROME AVENUE TAMPA, FL 33604
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DO NOT WRITE IN THIS SPACE



02112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1198244	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BRININGER, RICHARD
7606 PASA DOBLES COURT
TAMPA, FL 33615

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LOCKE, DALE 7802 MULBERRY ST TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WOOLARD, CLARA 2807 LORRAINE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT BRININGER, RICHARD 7606 PASA DOBLES COURT TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HIPPI, JOE 6016 ORANGE BLOSSOM TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WESTERMAN, KENNETH 7306 COARSEY DR TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT CAROLYN CARDINALE 8106 N. ROME AVE TAMPA, FL 33604

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carolyn L. Cardinale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/05 813-935-8809
Date Daytime Phone #