

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 15 AM 10:44

DOCUMENT # 710220 (5)  
1. Corporation Name  
BELMONT BAPTIST CHURCH, INC. OF TAMPA, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                     |                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>01/19/1966                                                                                                     | 3a. Date of Last Report<br>02/01/1994 |
| 4. FEI Number<br>71-0220392                                                                                                                         | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                           | \$8.75 Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                  | \$5.00 May Be Added to Fees           |
| 7. Nonprofit with IRS 501(c)(3)<br>Tax Exempt Status <input checked="" type="checkbox"/>                                                            | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|                                                 |                        |                                                 |            |
|-------------------------------------------------|------------------------|-------------------------------------------------|------------|
| Principal Place of Business                     |                        | Mailing Address                                 |            |
| RONALD WELLS<br>7830 N.56 ST.<br>TAMPA FL 33617 |                        | RONALD WELLS<br>7830 N.56 ST.<br>TAMPA FL 33617 |            |
| 2. Principal Place of Business                  | 2a. Mailing Address    |                                                 |            |
| 21 Suite, Apt. #, etc.                          | 26 Suite, Apt. #, etc. |                                                 |            |
| 22 City & State                                 | 27 City & State        |                                                 |            |
| 23 Zip                                          | 28 Zip                 | 29 Country                                      | 30 Country |

9. Name and Address of Current Registered Agent

WELLS, RONALD  
8302 GROVE VIEW ROAD  
TAMPA, FL 33617

**DROPPED**

10. Name and Address of New Registered Agent

81 Name BRENDA EIGHMEY  
82 Street Address (P.O. Box Number is Not Acceptable)  
7013 40TH STREET  
83  
84 City TAMPA FL 85 Zip Code 33604

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE Brenda Eighmey DATE 2-9-95

Signature, typed or printed name of registered agent is acceptable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

|                |                      |
|----------------|----------------------|
| TITLE          | D                    |
| NAME           | BLACKMON, SHERYL     |
| STREET ADDRESS | 8712 N WHITTIER      |
| CITY-ST-ZIP    | TAMPA FL 33617       |
| TITLE          | DVP - RD.            |
| NAME           | DANIELS, PAUL        |
| STREET ADDRESS | 3004 RIVERGROVE ADR. |
| CITY-ST-ZIP    | TAMPA FL             |
| TITLE          | D                    |
| NAME           | WELLS, RONALD        |
| STREET ADDRESS | 8302 GROVEVIEW RD.   |
| CITY-ST-ZIP    | TAMPA FL             |
| TITLE          | D                    |
| NAME           | DUKE, JOANN          |
| STREET ADDRESS | 715 GRANITE RD       |
| CITY-ST-ZIP    | BRANDON FL 33511     |
| TITLE          | D                    |
| NAME           | EIGHMEY, BRENDA      |
| STREET ADDRESS | 7013 40 ST           |
| CITY-ST-ZIP    | TAMPA FL 33604       |
| TITLE          | S                    |
| NAME           | LYNN, ALLEN          |
| STREET ADDRESS | 401 JOYCE AVE        |
| CITY-ST-ZIP    | TAMPA FL 33617       |

**DROPPED**  
**CHAIRMAN**  
**DROPPED**  
**MEMBER**  
**CO-CHAIRMAN**  
**MEMBER**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|              |              |                    |                        |
|--------------|--------------|--------------------|------------------------|
| 1.1 TITLE TC | 1.2 NAME     | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP        |
|              | PAUL DANIELS | WOODY WOODALL      | 9206 KNIGHTS BRANCH ST |
|              |              |                    | TAMPA, FL 33637        |
| 2.1 TITLE    | 2.2 NAME     | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP        |
|              |              |                    |                        |
| 3.1 TITLE T  | 3.2 NAME     | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP        |
|              | JOAN LIZER   | 7103 WOODFIELD DR  | TAMPA, FL 33617        |
| 4.1 TITLE    | 4.2 NAME     | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP        |
|              |              |                    |                        |
| 5.1 TITLE    | 5.2 NAME     | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP        |
|              |              |                    |                        |
| 6.1 TITLE    | 6.2 NAME     | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP        |
|              |              |                    |                        |

**CHAIRMAN**  
**MEMBER**

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)(b), 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: Brenda Eighmey DATE 1-19-95 988-1501  
AS Per conversation w/ Brenda Eighmey on 3/9/95