FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

710220

(5)

BELMONT BAPTIST CHURCH, INC. OF TAMPA, FLORIDA

	7 D	A 4 15 A 1 1					
Principal Place of Business Mailing Address							
%RONALD WELLS		%RONALD WELLS 7830 N.56 ST. TAMPA FL 33617					
7830 N.56 ST. TAMPA FL 33617							
IAMEN 11 33017				3. Date Incorporated or Qualified	3a. Date of Last Report		
		<u> </u>			01/19/1966	03/15/1995	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26		71-0220392 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
City & State		City & State			Fee Required		
23		28			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip	Country	Zip	Cou	untry	B. This corporation has liability for i		
24	25	29	30	,		Yes No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Agent	
				81 Name	D 3- 11-1-1		
EIGHMEY, BRENDA				82 Street	Brenda Eighmey Address (P.O. Box Number is Not Acceptable)		
7013 40TH STREET				0116007	7013 40th Street		
TAMPA FL 33604				83			
,,,,,,,,,,,				84 City		les Zin Codo	
					Tampa	FL 85 Zip Code 33604	
11. Pursuant to	the provisions of Sections 617.0502 a	and 617.1508, Florida Statut	tes, the abo	ove-named co	reporation submits this statement for the pure	pose of changing its registered office	
or registere familiar with	d agent, or both, in the State of Florida i, arid accept the obligations of, Sectio	i. Such change was authori n 617.0508, Florida Statute	zea by the i s.	corporation's i	board of directors. I hereby accept the appo	pintment as registered agent. I am	
SIGNATURE	Brende C	allmeis					
	Ignature, typed or printed name of registered agent a	nd little Fapplicable. (N	OTE: Registered	d Agent signature re	quired when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF		
TITLE	TC	DELETE	1.1 T	ITLE		Change Addition	
NAME	WOODALL, WOODY		1.2 N				
STREET ADDRESS	9206 KNIGHTS BRANCH ST		1.3 S	Treet adoress			
CITY-ST-ZIP	TAMPA FL	T DELETE	-	ITY-ST-ZIP	<u> </u>		
TITLE	TDC	DELETE	2.1 T		D	☐ Change ☐ Addition	
NAME	DANIELS, PAUL		2.2 N		Joy Albano		
STREET ADDRESS	3004 RIVERGROVE ADR.		1	TREET ADDRESS	7510 Okeechobe Co	urt	
CITY-ST-ZIP		DELETE		DITY-ST-ZIP	Tampa, Florida 33		
TITLE	1		3.1 T	· · · · · · · · · · · · · · · · · · ·		Change Addition	
NAME DIGGG ADDRESS	LIZER, JOAN		3.2 N				
STREET ADDRESS	7103 WOODFIELD DR			TREET ADDRESS			
CITY-ST-ZIP TITLE	TAMPA FL DTM	DELETE	3.4. 0 4.1 T	CITY-ST-ZIP		☐ Change ☐ Addition	
NAME	DUKE, JOANN	- Section		NAME	D		
STREET ADDRESS	715 GRANITE RD			TREET ADDRESS	Ed Dobbins	1	
CiTY-ST-ZIP	BRANDON FL			HTY-ST-ZIP	15210 Amberly Driv	ve	
TITLE	DTDC	DELETE	5.1 T		Tampa, Florida 33		
NAME	EIGHMEY, BRENDA		5.2 N	1			
STREET ADDRESS	7013 40 ST			TREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			HTY-ST-ZIP			
TITLE	STM	DELETE	61 T	+		Change Addition	
NAME	LYNN, ALLEN		6.2 N	ĺ			
STREET ADDRESS	401 JOYCE AVE		1	TREET ADDRESS			
CHTY-ST-ZIP	TAMPA FL			HTY-ST-ZIP			
14. I do hereby	certify that the information supplied w	th this filing is voluntarily fur	nished and	does not qua	lify 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: _

GNATURE AND TYPED OF PRINTED NAME OF STONING OFFICER OF DIRECT

2//8/96

⁴85- 292⁰