FILE NOW: FILING FEE IS $61.25

FILED
Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 710220 (5)

1. Corporation Name
BELMONT BAPTIST CHURCH, INC. OF TAMPA, FLORIDA

Principal Place of Business	Mailing Address
~~[illegible]~~ GALE WHITEHEAD	~~[illegible]~~ GALE WHITEHEAD
7830 N.56 ST.	7830 N.56 ST.
TAMPA FL 33617	TAMPA FL 33617-8133

3. Date Incorporated or Qualified: 01/19/1966
3a. Date of Last Report: 02/26/1996

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

4. FEI Number: 71-0220392 ☐ 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

~~EIGHMEY, BRENDA~~
~~7013 40TH ST~~
~~TAMPA FL 33604~~

10. Name and Address of New Registered Agent

81 Name: WOODY WOODALL
82 Street Address (P.O. Box Number is Not Acceptable): 9206 KNIGHTS BRANCH ST
83 TAMPA FL
84 City: FL 85 Zip Code: 33637

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: Woody Woodall 1-13-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TC	☐ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	WOODALL, WOODY		1.2 NAME	AL BLACKMON, SR.	
STREET ADDRESS	9206 KNIGHTS BRANCH ST		1.3 STREET ADDRESS	506 ROYAL GREENS DR	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	TAMPA, FL	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	ALBANO, JOY		2.2 NAME	JOHN PROCH	
STREET ADDRESS	7510 OKEECHOBE COURT		2.3 STREET ADDRESS	6938 GREENHILL PLACE	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	TAMPA, FL	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LIZER, JOAN		3.2 NAME		
STREET ADDRESS	7103 WOODFIELD DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DOBBINS, ED		4.2 NAME		
STREET ADDRESS	15210 AMBERLY DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	DTDC	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	EIGHMEY, BRENDA		5.2 NAME		
STREET ADDRESS	7013 40 ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Woody Woodall 1-13-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone # 0048337