FILE NOW: FILING FEE IS $61.25

FILED
Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
GALE WHITEHEAD 7830 N.56 ST. TAMPA FL 33617 US	GALE WHITEHEAD 7830 N.56 ST. TAMPA FL 33617 US

3. Date Incorporated or Qualified: 01/19/1966

4. FEI Number: 71-0220392 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WOODALL, WOODY
9206 KNOGHTS BRANCH ST
TAMPA FL 33637

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
84 City: TAMPA 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 _____ 1-9-98
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	D	☐ DELETE	1.1 TITLE	S	☐ Change ☐ Addition
NAME	BLACKMON, SR A		1.2 NAME		
STREET ADDRESS	506 ROYAL GREENS DR		1.3 STREET ADDRESS	504 ALBANO 7510 OKEECHOBEE CT	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	PROCH, JOHN		2.2 NAME	SANDRA WHIDDEN	
STREET ADDRESS	6938 GREENHILL PLACE		2.3 STREET ADDRESS	7415 EL ENCANTO CT #213	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	TAMPA FL 33617	
TITLE	T	☒ DELETE	3.1 TITLE	D	☐ Change ☐ Addition
NAME	LIZER, JOAN		3.2 NAME	BILL BOYETTE	
STREET ADDRESS	7103 WOODFIELD DR		3.3 STREET ADDRESS	5403 98TH AVE	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	TAMPA FL 33617	
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME			4.2 NAME	AL MCPHEE	
STREET ADDRESS			4.3 STREET ADDRESS	6107 N DORMANY RD	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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 (10/97)

14. 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 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: _____ **REQUIRED** 1-9-98 813-988-1501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0049294