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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710220

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/19/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 71-0220392 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WOODALL, WOODY
9206 KNIGHTS BRANCH ST
TAMPA FL 33637

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ 1-6-99
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	☐ Change ☐ Addition
NAME	BLACKMON, SR A		1.2 NAME	
STREET ADDRESS	506 ROYAL GREENS DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PROCH, JOHN		2.2 NAME	
STREET ADDRESS	6938 GREENHILL PLACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ALBANO, JOY		3.2 NAME	
STREET ADDRESS	7510 OKEECHOBE CT		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33617		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WHIDDEN, SANDRA		4.2 NAME	
STREET ADDRESS	7415 EL ENCANTO CT #213		4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33617		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BOYETTE, BILL		5.2 NAME	
STREET ADDRESS	5403 98TH AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33617		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MCPHEE, AL		6.2 NAME	
STREET ADDRESS	6107 N DORMANY RD		6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33565		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** 1-6-99 813-986-1501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)