

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710220

FILED
Jul 13, 2004
Secretary of State

Entity Name: BELMONT BAPTIST CHURCH, INC. OF TAMPA, FLORIDA

Current Principal Place of Business:

GENE WHITE
7830 N.56 ST.
TAMPA, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

GENE WHITE
7830 N.56 ST.
TAMPA, FL 33617 US

New Mailing Address:

FEI Number: 59-0760196 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KLAY, CLIFFORD
7114 WREAWOOD CIR
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KLAY, CLIFFORD
Address: 7119 WRENWOOD CIR
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: WHITE, GENE SP
Address: 7830 NO 56TH ST
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: WELLS, STEVE
Address: 2247 TIOGA DR
City-St-Zip: LAND O LAKES, FL 34639

Title: T () Delete
Name: WELLS, RONALD
Address: 8302 GROVE VIEW RD
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WELLS, STEVE
Address: 21238 MARSH HAWK DRIVE
City-St-Zip: LAND O LAKES, FL 34638

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE S. WELLS

REV. _____

07/13/2004

Electronic Signature of Signing Officer or Director

_____ Date