2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#710220

FILED Apr 18, 2005 Secretary of State

Entity Name: BELMONT BAPTIST CHURCH INC. OF TAMPA ELORIDA

Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
GENE WH 7830 N.56 TAMPA, FI	ST.	JS	7830 N.56 ST. TAMPA, FL 3361	7 US	
Current Mailing Address:			New Mailing Ad	New Mailing Address:	
GENE WH 7830 N.56 TAMPA, FI	ST.	JS	7830 N.56 ST. TAMPA, FL 3361	7 US	
FEI Number:	: 59-0760196	FEI Number Applied Fo	or () FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	Address of	Current Registered Ag	gent: Name and Addre	ess of New Registered Agent:	
KLAY, CLIFFORD 7114 WREAWOOD CIR FAMPA, FL 33617 US			7114 WRENWOO	KLAY, CLIFFORD 7114 WRENWOOD CIR TAMPA, FL 33617 US	
	named entity e of Florida.	y submits this statement	for the purpose of changing its regis	stered office or registered agent, or bo	
SIGNATUF	RE:				
				04/18/2005	
	Electro	onic Signature of Registe	ered Agent	04/18/2005 Date	
OFFICERS	Electron	· ·	•		
「itle: ∖ame: ∖ddress:	S AND DIRE	CTORS: () Delete ORD	•	Date	
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	D (KLAY, CLIFFO 7119 WRENV TAMPA, FL	CTORS: () Delete ORD WOOD CIR () Delete E SP H ST	ADDITIONS/CHA Title: Name: Address:	Date ANGES TO OFFICERS AND DIRECT	
OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: City-St-Zip:	D (KLAY, CLIFFO 7119 WRENV TAMPA, FL D (WHITE, GENI 7830 NO 56TI TAMPA, FL 3 D (WELLS, STE' 21238 MARSI	CTORS: () Delete ORD WOOD CIR () Delete E SP H ST 33617	ADDITIONS/CHA Title: Name: Address: City-St-Zip: Title: Name: Address:	Date ANGES TO OFFICERS AND DIRECT () Change () Addition	

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: JO ANNE DUKE T 04/18/2005