



# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 710220</b> 1. Entity Name <b>BELMONT BAPTIST CHURCH, INC. OF TAMPA, FLORIDA</b>						900059333029 09/07/05-F0102E-014 **61.25  05 AUG 25 PM 4:36  SECRETARY OF STATE TALLAHASSEE, FLORIDA  	
Principal Place of Business 7830 N.56 ST. TAMPA, FL 33617 US				Mailing Address 7830 N.56 ST. TAMPA, FL 33617 US			
2. Principal Place of Business 7830 N. 56 St. Suite, Apt. #, etc.		3. Mailing Address 7830 N. 56 St. Suite, Apt. #, etc.		07202005 Chg-NP CR2E037 (10/03)  4. FEI Number <b>59-0760196</b> Applied For <input type="checkbox"/> Not Applicable  5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
City & State Tampa, FL		City & State Tampa, FL					
Zip 33617	Country USA	Zip 33617	Country USA				
6. Name and Address of Current Registered Agent  <b>KLAY, CLIFFORD</b> <b>7114 WRENWOOD CIR</b> <b>TAMPA, FL 33617</b>				7. Name and Address of New Registered Agent Name <b>Billy B. Boyette</b> Street Address (P.O. Box Number is Not Acceptable) <b>5403 - 98th Ave.</b>  City <b>Temple Terrace</b> <b>FL</b> Zip Code <b>33617</b>			
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u><i>Billy B. Boyette</i></u> <b>Billy B. Boyette,</b> <u>8-15-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>KLAY, CLIFFORD</b> <b>7119 WRENWOOD CIR</b> <b>TAMPA, FL</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Terence L. Shuman</b> <b>604 S. 68th St.</b> <b>Tampa, FL 33619</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WHITE, GENE SP</b> <b>7830 NO 56TH ST</b> <b>TAMPA, FL 33617</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Mary H. Cross</b> <b>406 Belle View</b> <b>Temple Terrace, FL 33617</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WELLS, STEVE</b> <b>21238 MARSH HAWK DRIVE</b> <b>LAND O LAKES, FL 34638</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Joseph J. Nobles, Jr.</b> <b>3701 Pierce Harwell Loop</b> <b>Plant City, FL 33565</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>DUKE, JO ANNE</b> <b>715 GRANITE RD</b> <b>BRANDON, FL 33510</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>Herman H. Lopez</b> <b>10910 Florence Ave.</b> <b>Thonotosassa, FL 33592</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Lewis Broadrick</b> <b>18965 Crooked Lane</b> <b>Lutz, FL 33548</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Billy B. Boyette</b> <b>5403 - 98th Ave.</b> <b>Temple Terrace, FL 33617</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u><i>Jo Anne Duke</i></u> <b>Jo Anne Duke</b>				<u>8-15-05</u> <b>813-988-1501</b> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>			