2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2009
Secretary of State

DOCUMENT# 710220

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

Current Principal Place of Business:

7830 N. 56 STREET
TAMPA, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

7830 N. 56 STREET
TAMPA, FL 33617 US

New Mailing Address:

FEI Number: 59-0760196 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOPEZ, HERMAN J
10910 FLORENCE AVE
THONOTOSASSA, FL 33592 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:	OSBOURN, J. E	
Address:	3809 CORAL DRIVE	
City-St-Zip:	TAMPA, FL 33619	
Title:	T	( ) Delete
Name:	CROSS, MARY H	
Address:	406 BELLE VIEW	
City-St-Zip:	TEMPLE TERRACE, FL 33617	
Title:	T	( ) Delete
Name:	NOBLES, JOSEPH J JR.	
Address:	3701 PIERCE HARWELL LOOP	
City-St-Zip:	PLANT CITY, FL 33565	
Title:	TT	( ) Delete
Name:	LOPEZ, HERMAN H	
Address:	10910 FLORENCE AVENUE	
City-St-Zip:	THONOTOSASSA, FL 33592 US	
Title:	TR	( ) Delete
Name:	REXROAT, ROBERT	
Address:	4329 GROVE VIEW	
City-St-Zip:	TAMPA, FL 33617	
Title:	T	( ) Delete
Name:	REVELS, BARBARA	
Address:	8713 N. WHITTIER STREET	
City-St-Zip:	TEMPLE TERRACE, 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:	T	(X) Change ( ) Addition
Name:	COLGATE, HAROLD E	
Address:	5214 MAPLE HILL DR.	
City-St-Zip:	TEMPLE TERRACE, FL 33617	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BARBARA REVELS T 09/14/2009

Electronic Signature of Signing Officer or Director — Date