FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

TOWN & COUNTRY BAPTIST CHURCH OF TAMPA, INC.

FILED Jan 22 1998 8:00am Secretary of State

:									
Principal Place of Business N			Mailing Address				4 IDENI, IDDA' IIDDE BIJBA (1481 IIDDE 886)	i DISH DIEN BIER DIDN 1	91011 010 14 4001
7601 JACKSON TAMPA FL 3361			7601 JACKSON SPRINGS RD. TAMPA FL 33615			<u> </u>	3. Date Incorporated or Qualified		
	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 55510			-	09/27/1968 4. FEI Number		Applied For
•							59-1225359		Not Applicable
2. Principal P	face of Business	2a. Mailir	ng Address						Additional
21		26	<u> </u>				5. Certificate of Status Desired		Required
Suite, Apt.	#, etc.		Sulte, Apt. #, etc.				6. Election Campaign Financing	\$5.00	May Be
22		27					Trust Fund Contribution	Added Added	to Fees
City & Stat	e	— ·	City & State				7. Is this nonprofit corporation a homeowners association?		
Zip	Country	Zip		Count	у		8. This corporation owes or has paid	 	ntangible
24	25	29		30			Personal Property Tax due June 3	io. 🗌 Yes 📗	⊠ No
	9. Name and Address of	of Current Registered	Agent				Name and Address of New Regi	stered Agent	-
				8	Name	e			
	DONALD				Stree	et Address	(P.O. Box Number is Not Acceptable	»)	
t .	ATWOOD COURT FL 33635			8:	3				
				84	City			85 Zip	Code
							tion or hands this statement for the our	FL 65 Zip	ita ragistarad
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the aboffice or registered agent, or both, in the State of Florida. Such change was authorized agent. I am famillar with, and accept the obligations of, Section 97.0503, Florida Statu						orporation	's board of directors. I hereby accept	the appointment a	s registered
agent. I am familiar with, and accept the obligations of, Seathor 617.0503, Florida Statutes.								1/6/	7 8
SIGNATURE G. DONALD HANDES Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registere						ura conulcad su	has rejectating	DATE	
12.		ERS AND DIRECTORS		13.	Jen algriato	No required W	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	R\$ IN 12
TITLE	CD		DELETE	1.1 TITLE		1		Change	Addition
NAME	ODUM, HIRAM C			1,2 NAME					
STREET ADDRESS	8323 TERRACE WOOL	O CIRCLE		1.3 STREE	T ADDRESS	s			
CITY-ST-ZIP	TAMPA FL			1.4 CITY-	ST-ZIP				
TITLE	-TE		₩ DELETE	2.1 TITLE		TD		🔀 Change	Addition
NAME	- LUCKEY, PAULA -			2.2 NAME		DAV	IS, JAMES V.		
STREET ADDRESS	6004 SANTA MONICA	DRIVE		2.3 STREE	T ADDRESS	674	2 TWELVE OAKS BLY	VD.	
CITY-ST-ZIP	TAMPA FL			2.4 CITY	ST-ZIP	TAM	PA, FL 33634		
TITLE	-3D-		X DELETE	3.1 TITLE		SD		Change	Addition
NAME	ALLEN, BILL			3.2 NAME			NES, DONALD		
STREET ADDRESS	8413 JACKSON SPRIN	NGS-ROAD			T ADDRESS	3 871	1 MATWOOD COURT		
CITY-ST-ZIP	TAMPA FL		The property	3.4. CITY		TAM	IPA, FL 33635	Change	Addition
TITLE			DELETE	4,1 TITLE				Citalige	Addition
NAME				4. 2 NAM					
STREET ADDRESS					T ADDRESS	3			
CITY-ST-ZIP			Delete	4.4 CITY-				Change	Addition
TILE			L_ DELETE	5.1 TITLE				change	L Addition
NAME				5.2 NAME					
STREET ADDRESS					T ADDRESS	٥			
CITY-ST-ZIP		·	DELETE	5.4 CITY- 6.1 TITLE		+		Change	Addition
TMLE			DELETE					onange	
NAME				6.2 NAME		_			
STREET ADDRESS				6.3 STREE	T ADDRESS	'			
1 CITY_ST_7ID				■ 64 CHY•	>1 = 2 (P)				

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.

812-884-0851