


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **715484** (2)

1. Corporation Name

NEW ORLEANS BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**1109 E. OSBORNE AVE.
TAMPA FL 33603**

**1109 E. OSBORNE AVE.
TAMPA FL 33603**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/29/1968** 3a. Date of Last Report **05/01/1996**

4. FEI Number **59-0696292** Applied For ☐ Not Applicable ☒

6. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PENHOLLOW, DOUGLAS W.
1109 E OSBORNE AVENUE
TAMPA FL 33603**

81 Name **VERA C. STANLEY**
82 Street Address (P.O. Box Number is Not Acceptable) **1109 E. Osborne Avenue**
83 **Tampa, FL 33603-4025**
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Vera C. Stanley
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8/26/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **ENCINOSA, TIM**
STREET ADDRESS **10907 N. NEWPORT AVE**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE **President Director** ☒ Change ☐ Addition
1.2 NAME **Jewel Mobley**
1.3 STREET ADDRESS **5001 N. 15th St.**
1.4 CITY-ST-ZIP **Tampa, FL 33610**

TITLE **D** ☒ DELETE
NAME **SCHALLER, RAYMOND**
STREET ADDRESS **1711 EAST CHELSEA**
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE **Secretary-Treasurer/Director** ☒ Change ☐ Addition
2.2 NAME **Vera C. Stanley**
2.3 STREET ADDRESS **2910 Tanbark Ct.** (Home Address)
2.4 CITY-ST-ZIP **Tampa, FL 33610-1456**

TITLE **SD** ☒ DELETE
NAME **TROW, JAMES**
STREET ADDRESS **8720 EXPOSITION DRIVE**
CITY-ST-ZIP **TAMPA FL**

3.1 TITLE **Director** ☒ Change ☐ Addition
3.2 NAME **Jeanelle Hires**
3.3 STREET ADDRESS **6004 River Terr.**
3.4 CITY-ST-ZIP **Tampa, FL 33604**

TITLE **D** ☒ DELETE
NAME **APRILE, MATTHEW**
STREET ADDRESS **2008 E HANNA AVE**
CITY-ST-ZIP **TAMPA FL**

4.1 TITLE **Director** ☒ Change ☐ Addition
4.2 NAME **Hazel Hollinger**
4.3 STREET ADDRESS **6707 N. 15th St.**
4.4 CITY-ST-ZIP **Tampa, FL 33610**

TITLE **D** ☒ DELETE
NAME **CARVER, FRED**
STREET ADDRESS **5012 SUWANNEE**
CITY-ST-ZIP **TAMPA FL**

5.1 TITLE **Director** ☒ Change ☐ Addition
5.2 NAME **Patricia Strickland**
5.3 STREET ADDRESS **1010 River Hts.**
5.4 CITY-ST-ZIP **Tampa, FL 33603**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Vera C. Stanley* SIGNATURE REQUIRED

August 26, 1997 (813) 222-2222

CR2E037 (4/97)