


2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # 716721 1. Entity Name BUCHANAN BAPTIST CHURCH, INC.	
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Principal Place of Business 808 WEST BEARSS AVENUE TAMPA, FL 33613-1234	Mailing Address 808 WEST BEARSS AVENUE TAMPA, FL 33613-1234
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01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1807471	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DANSKIN, BILL 11710 NORTH BOULEVARD TAMPA, FL 33613

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC ZIEGLER, GARY 14810 CARNATION DRIVE TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARKLEY, LES 15435 LAKE SHORE VILLAS TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LANZETTI, JOE 4117 HOLLOW HILL DRIVE TAMPA, FL 336241719
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DANSKIN, BILL 11710 NORTH BOULEVARD TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SYKES, RICHARD 4711 BALSAM DRIVE LAND O LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000588542
01/17/07-80075-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #