## 2008 NOT-FOR-PROFIT CORPORATION

## Jul 07, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT #716721** 07-07-2008 90002 028 \*\*\*\*61.25 BUCHANAN BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 40109628 **808 WEST BEARSS AVENUE 808 WEST BEARSS AVENUE** TAMPA, FL 33613-1234 TAMPA, FL 33613-1234 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 02012008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-1807471 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DANSKIN, BILL 11710 NORTH BOULEVARD Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33613 Zip Code 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 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2008 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TC. TITLE ☐ Delete TITLE Addition Change ZIEGLER, GARY NAME NAME STREET ADDRESS 14810 CARNATION DRIVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33613 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BARKLEY, LES NAME STREET ADDRESS 15435 LAKE SHORE VILLAS STREET ADDRESS CITY-ST-7IP TAMPA, FL 33613 CITY-ST-ZIP VD TITLE Delete ппе Change ☐ Addition NAME LANZETTI, JOE NAME STREET ADDRESS **4117 HOLLOW HILL DRIVE** STREET ADDRESS CITY-ST-ZIP TAMPA, FL 336241719 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition DANSKIN, BILL NAME STREET ADDRESS 11710 NORTH BOULEVARD STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33613** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SYKES, RICHARD NAME STREET ADDRESS **4711 BALSAM DRIVE** STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

LAND O LAKES, FL 34639

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

**FILED** 

☐ Change

☐ Addition