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NONPROFIT CORPORATION ANNUAL REPORT

1997



Harvey Garner

FLORIDA DEPARTMENT OF STATE

FILED

Feb 10 1997 8:00am

Secretary of State

Daytime Phone # 0048911

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718058

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PALMA CEIA BAPTIST HOLDING CO.

Mailing Address Principal Place of Business 3511 BAY TO BAY BLVD 3511 BAY TO BAY BLVD TAMPA FL 33629-7044 **TAMPA FL 33629** 3. Date incorporated or Qualified 3a. Date of Last Report 02/11/1970 02/23/1996 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-0806979 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country Ζφ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🛣 No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GARNER, HARVEY 82 Street Address (P.O. Box Number is Not Acceptable) 3921 ESTRELLA 83 TAMPA FL 33629 84 Zip Code City 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, 1 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. Harvey Garner, PD Signature, typed or printed name of registered agent and title if applicable SIGNATURE 96/6 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change Addition DELETE 1.1. TITLE **VPD** TITLE VPD GOMILLION, FLETCHER 1.2 NAME NAME HAMRICK, JACK 3412 SAN LUIS 1.3 STREET ADDRESS STREET ADDRESS 3712 Barcelona TAMPA FL 1.4 CITY-ST-ZIP Tampa Florida 33629 CITY - ST - ZIP ☐ Change Addition DELETE 2.1 TITLE TITLE WITTMEYER, FLORA MAE 22 NAME NAME 2.3 STREET ADDRESS 3412 W. LAWN AVENUE STREET ADDRESS TAMPA, FL 00000 33611 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE NAME WHIDDEN, ED 3.2 NAME 3709 W TYSON AVENUE 3.3 STREET ADDRESS STREET ADDRESS TAMPA FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE S DIXON, LEONA 4.2 NAME NAME 3824 CORONA 4.3 STREET ADDRESS STREET ADDRESS TAMPA FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME GARNER, HARVEY NAME 5.3 STREET ADDRESS 3921 W ESTRELLA STREET ADDRESS TAMPA FL 5.4 CITY-ST-ZIP CITY - ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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. CITY-ST-ZIP