

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **718850** (1)  
1. Corporation Name  
**BAPTIST CITY MISSION BOARD, TAMPA, FLORIDA, INC.**



Principal Place of Business: 6018 N. HIGHLAND AVE. TAMPA FL 33604 US  
Mailing Address: 6018 N. HIGHLAND AVE. TAMPA FL 33604 US

3. Date Incorporated or Qualified: 07/13/1970  
3a. Date of Last Report: 03/10/1995  
4. FEI Number: 23-7181474  
5. 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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Same  
2a. Mailing Address: 26 Same  
22 Suite, Apt. #, etc.  
23 City & State  
24 Zip 25 Country  
27 Suite, Apt. #, etc.  
28 City & State  
29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**BILES, LEE THOMAS**  
6018 N. HIGHLAND AVE.  
TAMPA FL 33604

10. Name and Address of New Registered Agent  
81 Name: Same  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, DAVID	1.2 NAME	Rice, David title
STREET ADDRESS	7830 N 56TH ST	1.3 STREET ADDRESS	7830 N 56th St
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa FL
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	V/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVES, TOM	2.2 NAME	Rives, Tom of title
STREET ADDRESS	5395 EHRlich RD	2.3 STREET ADDRESS	5395 Ehrlich Road Tampa FL 33625
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	Same <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILES, TOM	3.2 NAME	
STREET ADDRESS	6018 N HIGHLAND AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	V/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, CHARLES	4.2 NAME	Lowe, Terry
STREET ADDRESS	18116 U.S. HWY 41, NORTH	4.3 STREET ADDRESS	P.O. Box 577
CITY-ST-ZIP	LUTZ FL	4.4 CITY-ST-ZIP	Seffner FL 33584
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, GORDON	5.2 NAME	
STREET ADDRESS	4036 FALKENBURG RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Lee Thomas Biles *Lee Thomas Biles* 1-16-95 (813) 238-6473  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)