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Feb 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
Mailing Address: 6018 N. HIGHLAND AVE. TAMPA FL 33604-6640 US

3. Date Incorporated or Qualified: 07/13/1970
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1060 W. Busch Blvd.	26 1060 W. Busch Blvd.	23-7181474	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 Tampa FL 33612-7707	27 Tampa FL 33612-7707	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country		
24	25		
29	30		

9. Name and Address of Current Registered Agent

BILES, LEE THOMAS
6018 N. HIGHLAND AVE.
TAMPA FL 33604

Change address to:
1060 W. Busch Blvd.
Tampa, FL 33612-7707

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, DAVID	1.2 NAME	Same
STREET ADDRESS	7830 N 56TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	V P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVES, TOM	2.2 NAME	Same
STREET ADDRESS	5395 EHRlich ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILES, TOM	3.2 NAME	Same but change address to:
STREET ADDRESS	6018 N HIGHLAND AVE	3.3 STREET ADDRESS	1060 W. Busch Blvd.
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa FL 33612-7707
TITLE	V P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWE, TERRY	4.2 NAME	Same
STREET ADDRESS	PO BOX 577 See street address →	4.3 STREET ADDRESS	1204 Lenna Avenue
CITY-ST-ZIP	SEFFNER FL	4.4 CITY-ST-ZIP	Seffner, FL 33584-0577
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, GORDON	5.2 NAME	Same
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 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: Lee Thomas Biles (813) 935-3839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Lee Thomas Biles 1-23-97

CR2E037 (9/96)