2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 718850

1. Entity Name
BAPTIST CITY MISSION BOARD, TAMPA, FLORIDA, INC.

Principal Place of Business	Mailing Address
1060 W BUSCH BLVD TAMPA, FL 33612-707 US	1060 W BUSCH BLVD TAMPA, FL 33612-707 US

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01192006 No Chg-NP CR2E037 (11/05)

4. FEI Number
23-7181474

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BILES, LEE THOMAS
1060 W BUSCH BLVD
TAMPA, FL 33612-7707

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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 Lee Thomas Biles 1-19-06
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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GREEN, TOMMY
STREET ADDRESS	216 N PARSONS AVE
CITY-ST-ZIP	BRANDON, FL 335104430
TITLE	PD
NAME	NASWORTHY, ELBERT
STREET ADDRESS	2717 W HILLSBOROUGH AVE
CITY-ST-ZIP	TAMPA, FL 336146052
TITLE	TD
NAME	BILES, TOM
STREET ADDRESS	1060 W BUSCH BLVD
CITY-ST-ZIP	TAMPA, FL 07
TITLE	VPD
NAME	PATTON, BOBBY
STREET ADDRESS	7202 TIMBER CT
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/06-80016-025 61.25

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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: Lee Thomas Biles LEE THOMAS BILES 1-19-06 813-935-38
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #