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**Apr 26, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 729760

1. Corporation Name  
**TRUSTEE CORPORATION OF THE FIRST BAPTIST CHURCH OF ZEPHYRHILLS, INC.**

Principal Place of Business: 38300 5TH AVE, ZEPHYRHILLS FL 33541-4976  
 Mailing Address: 38300 5TH AVE, ZEPHYRHILLS FL 33541-4976



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	05/27/1974	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Country	59-0700562	
24	Country	29	Country	Applied For	
				Not Applicable	
				5. Certificate of Status Desired <b>XX</b> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ODOM, STEPHEN T. 5139 SECOND STREET ZEPHYRHILLS FL 33541				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	38300 Fifth Avenue		
				84	City	FL	85
				Zephyrhills 33541			

11. Pursuant to the provisions of Sections 617.0502 and 617.1608, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CTP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CTP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, RODGER	1.2 NAME	Fritz, David T.
STREET ADDRESS	35108 PERCH DR	1.3 STREET ADDRESS	5700 Wedgefield Drive
CITY-ST-ZIP	ZEPHYRHILLS FL	1.4 CITY-ST-ZIP	Zephyrhills, FL 33541
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, RODNEY	2.2 NAME	
STREET ADDRESS	38136 ARCHER AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	2.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRENTINE, RON	3.2 NAME	
STREET ADDRESS	34540 APPALOOSA TR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, GEORGE	4.2 NAME	
STREET ADDRESS	38812 BERTA DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, with all other like empowered.

SIGNATURE: Katherine Harris SIGNATURE REQUIRED 4/22/99 (813) 782-5574  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)