


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90116 050 \*\*\*\*61.25

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|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>                         |  |  |   | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # 732032</b>  |  |   |   |  |  |
| 1. Corporation Name<br><b>GARDEN BAPTIST CHURCH TRUSTEES, INC.</b>      |  |   |   |  |  |
| Principal Place of Business<br>4610 EAST HANNA AVENUE<br>TAMPA FL 33610 |  |   | Mailing Address<br>4610 EAST HANNA AVENUE<br>TAMPA FL 33610 |  |  |



|                                |                     |                     |                     |  |  |
|--------------------------------|---------------------|---------------------|---------------------|--|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>03/03/1975</b>   |  |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>59-2400069</b>   |  |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                    |  |
| 23                             | Zip                 | 28                  | Country             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| 24                             | Country             | 29                  | Country             |  |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>BOOTH, RALPH<br/>8702 LANWAY DR<br/>TAMPA FL 33637</b> |  |  |  | 10. Name and Address of New Registered Agent |  |
|  |  |  |  | 81   | Name   |
|  |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |
|  |  |  |  | 83   |  |
|  |  |  |  | 84   | City   |
|  |  |  |  | 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 reinstating)      |  | DATE |  |
| Signature, typed or printed name of registered agent and title if applicable |                   |   |  |      |  |
| 12. OFFICERS AND DIRECTORS   |                   |   |  |      |  |
| TITLE  | D                 | <input type="checkbox"/> DELETE                                   |  |      |  |
| NAME   | HUNT, CARL        |   |  |      |  |
| STREET ADDRESS   | 2108 INTRVISTA LN |   |  |      |  |
| CITY-ST-ZIP  | VALRICO FL 33594  |   |  |      |  |
| TITLE  | D                 | <input checked="" type="checkbox"/> DELETE                        |  |      |  |
| NAME   | EDWARDS, REBECCA  |   |  |      |  |
| STREET ADDRESS   | 3710 TEMPLE ST    |   |  |      |  |
| CITY-ST-ZIP  | TAMPA FL          |   |  |      |  |
| TITLE  | PD                | <input type="checkbox"/> DELETE                                   |  |      |  |
| NAME   | BOOTH, RALPH      |   |  |      |  |
| STREET ADDRESS   | 8702 LANWAY DR    |   |  |      |  |
| CITY-ST-ZIP  | TAMPA FL 33637    |   |  |      |  |
| TITLE  | D                 | <input type="checkbox"/> DELETE                                   |  |      |  |
| NAME   | RODRIGUEZ, GLORIA |   |  |      |  |
| STREET ADDRESS   | 4415 POMPANO DR.  |   |  |      |  |
| CITY-ST-ZIP  | TAMPA FL          |   |  |      |  |
| TITLE  |                   | <input type="checkbox"/> DELETE                                   |  |      |  |
| NAME   |                   |   |  |      |  |
| STREET ADDRESS   |                   |   |  |      |  |
| CITY-ST-ZIP  |                   |   |  |      |  |
| TITLE  |                   | <input type="checkbox"/> DELETE                                   |  |      |  |
| NAME   |                   |   |  |      |  |
| STREET ADDRESS   |                   |   |  |      |  |
| CITY-ST-ZIP  |                   |   |  |      |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                        |                   |   |  |      |  |
| 1.1 TITLE  |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |      |  |
| 1.2 NAME   |                   |   |  |      |  |
| 1.3 STREET ADDRESS   |                   |   |  |      |  |
| 1.4 CITY-ST-ZIP  |                   |   |  |      |  |
| 2.1 TITLE  |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |      |  |
| 2.2 NAME   |                   |   |  |      |  |
| 2.3 STREET ADDRESS   |                   |   |  |      |  |
| 2.4 CITY-ST-ZIP  |                   |   |  |      |  |
| 3.1 TITLE  |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |      |  |
| 3.2 NAME   |                   |   |  |      |  |
| 3.3 STREET ADDRESS   |                   |   |  |      |  |
| 3.4 CITY-ST-ZIP  |                   |   |  |      |  |
| 4.1 TITLE  |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |      |  |
| 4.2 NAME   |                   |   |  |      |  |
| 4.3 STREET ADDRESS   |                   |   |  |      |  |
| 4.4 CITY-ST-ZIP  |                   |   |  |      |  |
| 5.1 TITLE  |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |      |  |
| 5.2 NAME   |                   |   |  |      |  |
| 5.3 STREET ADDRESS   |                   |   |  |      |  |
| 5.4 CITY-ST-ZIP  |                   |   |  |      |  |
| 6.1 TITLE  |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |      |  |
| 6.2 NAME   |                   |   |  |      |  |
| 6.3 STREET ADDRESS   |                   |   |  |      |  |
| 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:** *Ralph Booth* **SIGNATURE REQUIRED** *1-10-99*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)