

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 # 734922 (8)

1. Corporation Name

FAITH INDEPENDENT MISSIONARY BAPTIST CHURCH, INC

Principal Place of Business

Mailing Address

2805 SILVER LAKE AVE.
TAMPA FL 33614

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TAMPA FL 33614



3. Date Incorporated or Qualified

02/09/1976

3a. Date of Last Report

03/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2412492

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

25

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RILEY, WILLIAM M.
8749 EXPOSITION DR.
TAMPA FL 33626

81 Name

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME WORLEY, DOYLE
STREET ADDRESS 3139 TIMBER LAKE II DR.
CITY-ST-ZIP JACISBORO TN

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME PARTIN, RON
STREET ADDRESS 2802 MORGAN ST
CITY-ST-ZIP TAMPA FL

2.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME RILEY, WILLIAM M
STREET ADDRESS 8749 EXPOSITION DR.
CITY-ST-ZIP TAMPA FL

3.1 TITLE ☐ Change ☐ Addition

TITLE TD ☒ DELETE

NAME CRAGER, ALVIN E.
STREET ADDRESS 1316 WARRINGTON WAY
CITY-ST-ZIP TAMPA FL

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME CHASTAIN, CHARLES
STREET ADDRESS 5711 S. COOLIDGE AVE.
CITY-ST-ZIP TAMPA FL

5.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME GREEN, JERRY
STREET ADDRESS 5108 SALEM ST. 12709 Hilyoke Ave.
CITY-ST-ZIP TAMPA FL

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 4, 1996 (813) 935-6706

Date

Daytime Phone #

CR2E037 (12/95)