

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 734922 (8)
 1. Corporation Name
FAITH INDEPENDENT MISSIONARY BAPTIST CHURCH, INC



Principal Place of Business 2805 SILVER LAKE AVE. TAMPA FL 33614	Mailing Address 2805 SILVER LAKE AVE. TAMPA FL 33614-2836
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 02/09/1976		3a. Date of Last Report 02/08/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2412492		Applied For <input type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent RILEY, WILLIAM M. 8749 EXPOSITION DR. TAMPA FL 33626				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			
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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 William M. Riley-V.D. William M Riley Jan 18, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WORLEY, DOYLE		1.2 NAME	WORLEY, DOYLE			
STREET ADDRESS	3139 TIMBER LAKE II DR.		1.3 STREET ADDRESS	3139 TIMBER LAKE 11			
CITY-ST-ZIP	JACISBORO TN		1.4 CITY-ST-ZIP	JACKSBORO, TN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Tr Rodney Worley	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PARTIN, RON		2.2 NAME	10445 49th St.			
STREET ADDRESS	2802 MORGAN ST		2.3 STREET ADDRESS	CLEARWATER, FL 34622			
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	VD TR	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RILEY, WILLIAM M		3.2 NAME	Riley, William M.			
STREET ADDRESS	8749 EXPOSITION DR.		3.3 STREET ADDRESS	8749 EXPOSITION DR.			
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	TAMPA, FL 33626			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CRAGER, ALVIN E.		4.2 NAME	WORLEY, BRIAN			
STREET ADDRESS	1316 WARRINGTON WAY		4.3 STREET ADDRESS	5525 N. 86 AVE.			
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	PINELLAS PARK, FL 34666			
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	Tr	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHASTAIN, CHARLES		5.2 NAME	CHASTAIN, CHARLES			
STREET ADDRESS	5711 S. COOLIDGE AVE.		5.3 STREET ADDRESS	5711 S. COOLIDGE AVE.			
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	TAMPA, FL 33612			
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GREEN, JERRY		6.2 NAME	Ernest Mitchell			
STREET ADDRESS	12709 HOLYOKE AVENUE		6.3 STREET ADDRESS	4403 AKITA DR.			
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP	TAMPA FL 33624			

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 William M. Riley William M Riley Jan 18, 1997

CR2E037 (9/96)