


FILE NOW: FILING FEE IS \$61.25

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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90023 031 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 734922					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/09/1976	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2412492	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing <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			
RILEY, WILLIAM M. 8749 EXPOSITION DR. TAMPA FL 33626				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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WORLEY, DOYLE			1.2 NAME			
STREET ADDRESS	3139 TIMBER LAKE II DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSBORO TN			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WORLEY, RON			2.2 NAME			
STREET ADDRESS	6635 68TH AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	PINELLAS PARK FL 34666			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RILEY, WILLIAM M			3.2 NAME			
STREET ADDRESS	8749 EXPOSITION DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WORLEY, BRIAN			4.2 NAME			
STREET ADDRESS	205 HILLCREST DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	SAFETY HARBOR FL 34695			4.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PARTIN, RON			5.2 NAME			
STREET ADDRESS	2802 N MORGAN ST			5.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33602			5.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, ELBERT			6.2 NAME			
STREET ADDRESS	701 E ANNIE STREET			6.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33612			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: REV. WILLIAM M. RILEY William M Riley Jan 3, 1999 (813) 935-6706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #