2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 15, 2004 8:00 am Secretary of State **DOCUMENT # 734922** 04-15-2004 90034 033 ****61.25 FAITH INDEPENDENT MISSIONARY BAPTIST CHURCH, INC Mailing Address Principal Place of Business 2805 SILVER LAKE AVE. TAMPA FL 33614 2805 SILVER LAKE AVE. TAMPA FL 33614 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-2412492 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Elbert-L. Brown--CDEACON RILEY, WILLIAM M. 8749 EXPOSITION DR. Street Address (P.O. Box Number is Not Acceptable) 701 EAST ANNEE TAMPA FL 33626 City Zip Code 3 341ス 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 4-6-04 SIGNATURE registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Addition TITLE Delete BAIDWIN-LINDEll WORLEY, RODNEY NAME NAME 6726 RAISTON BEACL CITCLE 6635 68TH AVE STREET ADDRESS STREET ADDRESS PINELLAS PARK FL 34666 TAMPA, FL 33614 CITY-ST-ZIP CITY-ST-ZIP PD Delete ∠Change ☐ Addition TITLE TITLE COKETITOHN RILEY, WILLIAM M NAME NAME 9528 DArtsmouth St. 8749 EXPOSITION DR. STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33612 _ Change ☐ Addition TITLE ☐ Delete PARTIN, RON Partin Ron ---NAME 1802 N. Morgan St TAMPA FL 33602 2802 N MORGAN ST STREET ADDRESS STREET ADDRESS TAMPA FL 33602 CITY-ST-7IP CITY-ST-ZIP DEACON) T Brown Elbert 701 E. AUNIE ST TITI F 1x Change [] Addition THE ☐ Delete BROWN, ELBERT NAME NAME 701 E ANNIE STREET STREET ADDRESS STREET ADDRESS **TAMPA FL 33612** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (

4-6-64

FILED