

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

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90034 033 ****61.25

DOCUMENT # 734922

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2412492

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **ELBERT L. BROWN - (DEACON) (T)**

Street Address (P.O. Box Number is Not Acceptable)
701 EAST ANNIE ST

City **Tampa**

FL

Zip Code
33612

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.

SIGNATURE

Elbert L. Brown

4-6-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME **WORLEY, RODNEY**
STREET ADDRESS **6635 68TH AVE**
CITY-ST-ZIP **PINELLAS PARK FL 34666**

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

TITLE ☐ Delete
NAME **PARTIN, RON**
STREET ADDRESS **2802 N MORGAN ST**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Delete
NAME **BROWN, ELBERT**
STREET ADDRESS **701 E ANNIE STREET**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **T. Baldwin Lindell**
STREET ADDRESS **6726 RAISTON BEACH Circle**
CITY-ST-ZIP **TAMPA, FL 33614**

TITLE ☒ Change ☐ Addition
NAME **COXER, JOHN**
STREET ADDRESS **9528 DARTSMOUTH ST.**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE ☐ Change ☐ Addition
NAME **Partin, Ron**
STREET ADDRESS **2802 N. Morgan St**
CITY-ST-ZIP **Tampa FL 33602**

TITLE ☒ Change ☐ Addition
NAME **(DEACON) T. Brown Elbert**
STREET ADDRESS **701 E. ANNIE ST**
CITY-ST-ZIP **TAMPA, FL 33612**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Elbert L. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-04

Date

813-935-8469

Daytime Phone #