

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90096 005 ****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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-2412492	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROWN, ELBERT L DECN 701 EAST ANNIE ST. TAMPA FL 33612	7. Name and Address of New Registered Agent Name Riley, William M. PASTOR Street Address (P.O. Box Number is Not Acceptable) 6224 EMERON DC. City NEW Port Richey FL Zip Code 34653
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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 WILLIAM M RILEY William M Riley March 11, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME: LINDELL, BALDWIN STREET ADDRESS: 6726 RALSTON BEACH CIRCLE CITY- ST- ZIP: TAMPA FL 33614	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME: COKER, JOHN STREET ADDRESS: 9528 DARTSMOUTH ST. CITY- ST- ZIP: TAMPA FL 33612	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
PARTIN, RON STREET ADDRESS: 2802 N MORGAN ST CITY- ST- ZIP: TAMPA FL 33602	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: BROWN, ELBERT STREET ADDRESS: 701 E ANNIE STREET CITY- ST- ZIP: TAMPA FL 33612	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: WILLIAM M RILEY William M Riley March 11, 2007 813-935-6706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Distinguishing Phone #