FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENTOE STOTE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

(5)

TRUSTEES, TAYLOR MEMORIAL BAPTIST CHURCH OF TAMP A, INC.

Principal Place of Business

Mailing Address

3040 WEST CYPRESS STREET

3040 WEST CYPRESS STREET

FILED May 13 1997 8:00am Secretary of State



TAMPA FL 336	09	TAMPA FL 33609-1618						
					3. Date incorporate 03/03/197		3a. Date of Las 02/27/1	t Report 996
	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Applied For
21		26				59-0704724		Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			atus Desired	¥	5 Additionat Required
City & Sta	te	City & State			6. Election Campa	ign Financing	\$5.0	00 May Be
23	28			Trust Fund Contribution		-	Added to Fees	
Zip	Country Zip		Countr	Country 8. This corporation has liability for intan			r s. 199.032,	
24	25	29 30			Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Currer	nt Registered Agent		T	10. Name and Add	ress of New Rec	pistered Agent	
			81	Name	•			
	DY, PIERRE	82	82 Street Address (P.O. Box Number is Not Acceptable)					
3040 WEST CYPRESS STREET								
TAMPA	FL 33609		83					
			84	City			85 Z	ip Code
							FL °° '	
11. Pursuant	I to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the oblig)2 and 617.1508, Florida Statute: e of Florida. Such change was au	s, the aboy Jthorized b	e-named co v the corpor	rporation submits this sta ation's board of directors	atement for the po s. I hereby acces	urpose of changing it the appointment	g its registered as registered
agent. L	am familiar with, and accept the oblig	ations of, Section 617.0503, Flor	ida Statute	S.				
SIGNATURE								
12.	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Hagistered Ag	ent signature req	uired when reinstating)	NOTE TO SEELS	DATE CERS AND DIRECT	ODG IN 12
TITLE	D	DELETE	1.1 TITLE		D	NGES TO OFFIC	Chang	
NAME	VALDES, JOE R.		1.2 NAME		*			,0
STREET ADDRESS				T ADDRESS	Betty Hunn	ington		
CITY-ST-ZIP	TAMPA FL		1.4 CITY -		4735 Iowa	00/1/		
TITLE	TD TD	☐ DELETE	2.1 TITLE	51-217	Tampa, FL	_33616	Chang	ne Addition
NAME	GARCIA, MARIO	—	2.2 NAME					
STREET ADDRESS	1			T ADDRESS	**			
CITY-ST-ZIP	TAMPA FL		2. 4 CiTY-					
TIRE	V	DELETE	3.1 TITLE	31-21			☐ Chanc	e Addition
NAME	EARNEST, ARTHUR		3.2 NAME		••	•	_ `	
STREET ADDRESS	1			T ADDRESS				
CITY-ST-ZIP	TAMPA FL		3.4. CITY-					
TITLE	S	DELETE	4.1 TITLE	<u> </u>			: Chang	e Addition
NAME	CAYTON, ELMA		4. 2 NAME			,		
STREET ADDRESS	6205 NORTH ROME		4,3 STREE	T ADDRESS	•			
CITY-ST-ZIP	TAMPA FL		4.4 CITY-	ST-ZIP				
TITLE	D	☐ DELETE	5.1 TITLE				Chang	e Addition
NAME	KLINGER, WOODY		5.2 NAME					
STREET AUDRESS	I		5.3 STREE	T ADDRESS				
CITY-ST-ZIP	TAMPA FL		5.4 DITY-	ST-ZIP		·		
TITLE		DELETE	6.1 TITLE				☐ Chanç	ge 🔲 Addition
NAME			6.2 NAME	1				
010001 1000100			6.3 STREE	TADDDTOC				
STREET ADDRESS	Į.		U.O GITILL	I NUUNESS				
CITY-ST-ZIP			6.4 CITY-					

am an officer or director of the corporation of 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.