

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90001 017 ****61.25

DOCUMENT # 738495

1. Corporation Name

WEST HILLSBOROUGH BAPTIST CHURCH, INC.

Principal Place of Business
2717 W. HILLSBOROUGH AVE.
TAMPA FL 33614

Mailing Address
2717 W. HILLSBOROUGH AVE.
TAMPA FL 33614



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/29/1977

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-0830756

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KING, RONALD
8501 N PADDOCK
TAMPA FL 33614

81 Name

WILLIAM CHASTAIN

82 Street Address (P.O. Box Number is Not Acceptable)

2532 W. DIANA

83

84 City TAMPA

FL

85 Zip Code
33614

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 William E. Chastain

4-21-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TR
NAME PATTON, VIRGINIA
STREET ADDRESS 1102 W PENINSULA
CITY-ST-ZIP TAMPA FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME WOHLIEBER, DARYLE L
STREET ADDRESS 6301 N GOMEZ AVE
CITY-ST-ZIP TAMPA FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TR
NAME CHASTAIN, BILL
STREET ADDRESS 2532 W. DIANA
CITY-ST-ZIP TAMPA FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TR
NAME JONES, TERRY
STREET ADDRESS 8507 N GOMEZ
CITY-ST-ZIP TAMPA FL 33614

☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TR
NAME FAUST, CHARLES
STREET ADDRESS 6412 N LOIS
CITY-ST-ZIP TAMPA FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TR
NAME KING, RONALD
STREET ADDRESS 8501 N PADDOCK
CITY-ST-ZIP TAMPA FL

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: WILLIAM E. CHASTAIN

SIGNATURE REQUIRED

4-21-99

(813) 932 4166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)