FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

740238

(1)

BALLAST POINT BAPTIST CHURCH, TAMPA, FLORIDA, IN C.



FILED

Apr 14 1997 8:00am

Secretary of State

Principal Plac	ng Address															
5101 BAYSHORI TAMPA FL 3361		RD.		5101 BAYSHORE BOULEVARD TAMPA FL 33611-3825												
									3. Date	Incorp 19/26,	orated or Qua 1977	alified	3a. Da	to of Last 01/25/19	Report 996	
2. Principal P	lace of Busi	ness		2a. Mailing Address 26					4. FEI Number 59-0704725						Applied For Not Applicable	Je
Sulte, Apt.	#, etc.		Su	Suite, Apt. #, etc.					5. Certif	icate d	of Status Desir	red		\$8.75	Additional Required	-
City & State	e			City & State					6 Flect	ion Ca	mpaign Finan	cina			D May Be	-{
23			28	28							Contribution	o 19			to Fees	
Zip	Zip Country		Zip	Zip Co					8. This	corpor	ation has liabi	lity for in	ntangiblę	tax under	s. 199.032,	
24	25		29						Florida Statutes						_	
ļ	9. Name	and Address of C	urrent Registere	d Agent		<u></u> T			10. Nam	e and	Address of N	ew Reg	istered//	Agent		
					l	81	Name									-
JOSEPH,	, dave Vann ave.						2 Street Address (P.O. Box Number is Not Acceptable)								7	
#404	MININ AVE.						3								-	
TAMPA F	FL 3 3609					84	City							85 Zir	Code	
	•			<u> </u>			•						FL			
11. Pursuant	to the provis	ions of Sections 61 Jeny, or both, is the jul, and accept the	7:0502 and 617.1 State of Florida	508, Florida Statu	rtes, the at	9VOC	-named	d corpora	ation subr	nits thi	s statement for	or the pi	urpose of	changing	its registered	٦
agent. La	m jamilar w	and accopt we	obligations of, Se	clign 617.0503, F	lorida Stat	utes		poronon	o board	1			מקשט ביווז .	0 >	io regioto ou	
SIGNATURE	VA fla	or printed name of replate	21/2	<u>e</u>						14	arch	19,	19	92		_
12.	manature, typod	11: Registered	Age	nt signature	e required v			CHANGES TO	VOLUE VOLUE	DAIL EDG AND	DIRECTO	NDS IN 12				
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CITY-ST-ZIP		FL 33611		1.4 C				Tan	189	FI	3361	1		•		ķ
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NAME	JOSEPH				3.2 NA	ME										
STREET ADDRESS		VANN AVE., #404			3.3 ST	REET	ADDRESS									ı
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NAME				LJ OLLEN	5.2 NA									□ Change	L ADORIO	"
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CITY-ST-ZIP					5.4 CH											-
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NAME					6.2 NA											
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	by certify tha	t the Information su	pplied with this fil	ing does not qual				stated in	Section 1	19.07	(3)(i), Florida	Statutes	Lfurther	certify tha	it the	_[

information indicated on this agricular report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the observation of the receiver of 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, of the an attrachment with an address.