

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 06, 1999 8:00 am
Secretary of State

04-06-1999 90049 042 ****61.25

DOCUMENT # 740238

1. Corporation Name

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

Principal Place of Business

5101 BAYSHORE BOULEVARD
TAMPA FL 33611-3825

Mailing Address

5101 BAYSHORE BOULEVARD
TAMPA FL 33611-3825



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

09/26/1977

4. FEI Number

59-0704725

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

JOSEPH, DAVE
4851 W. GANDY ~~B7-L37~~ # 31
TAMPA FL 33611

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reappointing)

3/19/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS ROBERTSON, G.A.
CITY-ST-ZIP 4611 PIRCE AVE.
TAMPA FL 33611

TITLE ☒ DELETE
NAME D
STREET ADDRESS LOCKETT, JOHN
CITY-ST-ZIP 2804 OLD BAYSHORE WAY
TAMPA, FL 00600

TITLE ☐ DELETE
NAME D
STREET ADDRESS JOSEPH, DAVE
CITY-ST-ZIP 4851 W. GANDY BLVD., B7-L37
TAMPA FL 33611

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Bishop, Robert
2.3 STREET ADDRESS 3823 Tacon St.
2.4 CITY-ST-ZIP Tampa, FL 33629

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Joseph, DAVE
3.3 STREET ADDRESS 4851 W. Gandy Blvd., #31
3.4 CITY-ST-ZIP Tampa, FL 33611

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

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

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

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: *David Joseph*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/99
Date

839-6552
Daytime Phone #

CR2E037 (1/1/98)