
(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

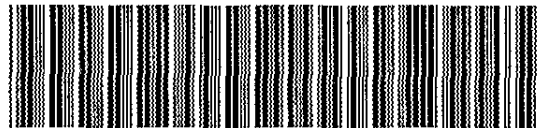
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000038005880

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1988



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$25 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

740238
BALLAST POINT BAPTIST CHURCH, TAMPA, FLORIDA, IN
5101 BAYSHORE BOULEVARD
TAMPA, FLORIDA 33611

2 Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

If any of the above is incorrect, or any new, enter it in correct address
in Item 25, Change of Address

3 Date incorporated in or changed
To Do Business in Florida

09/26/1977

4 Federal Employer
Identification Number (FEIN)

59-0704725

5 Date of
Last Report

07/31/1987

6 Names and Street Addresses of Each Officer and Director as of December 31, 1987

Names of Officers
and Directors

Street Address of Each
Officer and Director
(Do NOT use Post Office Box Numbers)

City and State

ADKINS, JAMES G.	P	3110 NAPOLEON AVE.	TAMPA, FL	00000
DOOZAN, CARL	V	3219 BAY VISTA	TAMPA, FL	00000
FITZGERALD, MICHAEL	S	5217 PURITAN	TAMPA, FL.	

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

ADKINS, JAMES G.
3110 NAPOLEON AVE.
TAMPA, FL
33611

8 Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

FL

Zip Code 85

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent to that in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors on _____.

I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 607.035 F.S.

SIGNATURE

(Registered Agent Accepting Appointment)

DATE

10 If a foreign corporation, date first transacted business in Florida

11 See signature requirements under instructions on reverse side of this form

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made by the Officer or Director signing must be dated in Block 6.

Signature

James G. Adkins

Date

10 APR 88

Typed Name of Signing Officer or Director

JAMES G. ADKINS

Title

PRESIDENT, TRUSTEES

Telephone Number

839-6552 (813)

12 Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED



\$5 Additional Fee
required for a
Certificate of Status