(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

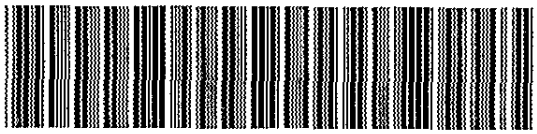
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500038005915

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1991

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

APPROVED AND FILED

1991 JUN -7 PM 9 57

DO NOT WRITE IN THIS SPACE. FLORIDA

Read Instructions on Other Side Before Making Entries

FILING FEE OF $61.25 REQUIRED

1 Name and Mailing Address of Corporation DOCUMENT #740238 (1)

ZIP + 4 PRESORT

P92278551

BALLAST POINT BAPTIST CHURCH, TAMPA, FLORIDA, INC.
5101 BAYSHORE BOULEVARD
TAMPA, FLORIDA 33611-3825

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2 If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment

21 Street Address

22 P.O. Box No. -06/07/91--00136--001
ANNUAL REPORT

23 City and State ANNUAL REPORT-----****61.25

24 Zip Code TOTAL-----****61.25

3. Date Incorporated or Qualified To Do Business in Florida: 09/26/1977

4. FEI Number: 59-0704725

FEI Number Applied For ☐

FEI Number Not Applicable ☐

5. $8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

	Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4	
1	P/D	ADKINS, JAMES G.	~~3110 NAPOLEON AVE.~~ 7003 Shamrock St.	TAMPA, FL	00000
1x					
2	D	TOMLIN, STEVE	3122 TYSON AVENUE	TAMPA, FL	00000
2x					
3	D	COLE, GENE	3612 SEVILLA ST.	TAMPA, FL.	
3x					
4	D	GAFFNEY, DON	2120 W. Minnehaha Ave.	Tampa, Fl.	
4x					
5					
5x					
6					
6x					

6/7/91

REGISTERED AGENT INFORMATION:

7. Name and Address of Current Registered Agent

ADKINS, JAMES G.
~~3110 NAPOLEON AVE.~~ 7003 Shamrock St.
TAMPA, FL ~~33611~~ 33616

8 Name and Address of New Registered Agent

81 Name

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

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

84 City FL. 85 Zip Code

9. Pursuant to the provisions of Sections 607.0502 and 607.1308, 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 607.0505, Florida Statutes.

SIGNATURE James G Adkins DATE 1-30 91
(Registered Agent Accepting Appointment)

CR2E034 (R-

10. I 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; I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 6 or on an attachment with an address.

SIGNATURE Donald Ray Gaffney DATE 1/31/91

Typed Name of Signing Officer or Director: DON GAFFNEY

Title: PASTOR

Telephone Number Daytime: (813) 839-6552

FILING FEE OF $61.25 REQUIRED—Make Checks Payable To: Secretary of State **$8.75 Additional Fee required for a Certificate of Status**