
(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

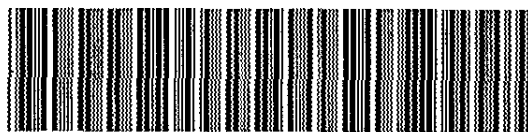
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CORPORATION
ANNUAL REPORT
1990



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

DO NOT WRITE IN THIS SPACE

1990 MAR 21 PM 12:29

FLORIDA DEPARTMENT OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries.
Filing Fee of \$35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

740238 1

ZIP + 4 PRESORT
BALLAST POINT BAPTIST CHURCH, TAMPA, FLORIDA, IN
5101 BAYSHORE BOULEVARD
TAMPA, FLORIDA 33611-3825

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

2. If Address in Block 1 is incorrect in any way, enter the correct
address below. P.O. Box number alone is NOT sufficient. The NAME
of the corporation can be changed only by filing an amendment.

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

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. Name and Street Address of the Principal Office of the Corporation

(Enter type or number to cover over incorrect information)

Street Address of E.O.
Officer and Director

DO NOT Use Post Office Box Number

City and State

P ADKINS, JAMES G. (D)

3110 NAPOLEON AVE.

TAMPA, FL

00000

V DOOZAN, CARL Deleted

3219 BAY VISTA

TAMPA, FL

00000

S FITZGERALD, MICHAEL Deleted

6217 PURITAN

TAMPA, FL

Steve Tomlin (D)

3122 Tyson Ave.

Tampa, FL 33611

Gene Cole (D) 3

3612 Sevilla St.

Tampa, FL 33629

REGISTERED AGENT INFORMATION

Name and Address of Current Registering Agent

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

Name and Address of New Registered Agent

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

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

FL

SIGNATURE

(Registered Agent Accepting Appointment)

DATE

10. I certify that the information indicated in this annual report or supplement is true and accurate and that my signature shall have the same legal effects as if made under oath. (This statement is required by Chapter 607, F.S.)

Signature

James G. Adkins

Date

2-7-90

Typed Name of Signer of Office or Director

James G. Adkins

Title

Chairman, Trustees

Telephone Number

831-7976