FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
. Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 744391

(4)

FIRST BAPTIST CHURCH OF RIVERVIEW, FLORIDA, INC.

FINST BAFTIST CHUNCH OF NIVERVIEW, FEORIDA, INC.										
Principal Place of Business Mailing Address						1 (881) 884 8181 8188 1110 1818 1				
8626 HIGHWAY 301 SOUTH RIVERVIEW FL 33569		8626 HIGHWAY 301 SOUTH RIVERVIEW FL 33569								
						3. Date incorporated or Qualified 09/26/1978		e of Las 1/23/1	t Report 1 995	
2. Principal Pla	ce of Business	2a. Mailing Address 26	 1			4. FEI Number 59-1554609	Applied For Not Applicable			
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required					
City & State		City & State	h			Election Campaign Financing Trust Fund Contribution		Add	DO May Be ed to Fees	
Zip 24	Country 25	Zip 29 3	Coun	try		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	9. Name and Address of Curre	nt Registered Agent		T-		10. Name and Address of New Re	gistered A	gent		
			'	81	Name					
Tonelli, Michael A. 201 E. Kennedy Blyd				B2	Street Addres	ss (P.O. Box Number is Not Acceptable)			
SUITE 90				83						
	L 33672-0118				City		FL		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										
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered					signature required v	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE PEDS AND	DIRECT	ORS IN 12	
12.	3.1,102.10.11.12.11.11		13.			ADDITIONS/CHANGES TO OFFIC		7 Change		
TITLE	VD Rewis, Robbie		1.1 Till 1.2 NAI					_ onlings	, [],,,,,,,,,,,	
NAME	10504 CONE GROVE RD		1.3 STREE		Inneecc					
STREET ADDRESS	RIVERVIEW, FL 00000		1.4 CIT							
CITY-ST-ZIP TITLE	TD	DELETE	2.1 TIT		211		Ĺ	Change	Addition	
NAME	LITTLE, WILLIAM P		2.2 NA	ME						
STREET ADDRESS	11120 DESOTO RD		2.3 STF	REET A	ADDRESS					
CITY-ST-ZIP	RIVERVIEW, FL 00000		2.407	TY-S1	r- Z iP					
TITLE	SD	DELETE	3.1 TITI	LE				Change	Addition	
NAME	gay, william g		3.2 NA	ME						
STREET ADDRESS	9611 PINE RIDGE AVE		33 STREE		ADDRESS					
CITY-ST-ZIP	RIVERVIEW, FL 00000		3.4. CI	1Y-S1	T - ZIP			-1		
TITLE	PD	DELETE	4.1 TIT	LE			Ĺ	Change	e 🔲 Addition	
NAME	COX, JACOB S		4. 2 NAM							
STREET ADDRESS	9925 VAUGHN ST				ADDRESS					
CITY-ST-ZIP	GIBSONTON FL		4.4 CH		-ZIP			Change	e	
TITLE		DELETE	5.1 TH				L	Change	E LJ Abdillon	
NAME			5.2 NAME							
STREET ADDRESS			1		ADDRESS					
CITY-ST-ZIP		DELETE	5.4 CIT 6.1 TIT		- LIP			Change	e	
TITLE		[_]bcccic	6.2 NA		1					
NAME					ADDRESS					
STREET ADDRESS										
CITY-ST-ZIP	y certify that the information supplier	d with this filing is voluntarily furnish	6.4 CII	does	not qualify fo	r the exemption stated in Section 119.0	07(3)(k), Flo	rida Sta	tutes. I further	
codify the	t the information indicated on this an	nual report or supplemental annua	l report is	s true	e and accurate	e and that my signature shall have the	same legal	effect as	s if made under	

certify that I am an officer or director of the corporation or the receiver or trustee ampowered 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.

SIGNATURE: William P. L. H.C., Way Statutes, Travelly or David Date Date Phone 4

CR2E037 (12/95)