## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

Zip

24



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 744391

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(4)

FIRST BAPTIST CHURCH OF RIVERVIEW, FLORIDA, INC.

Principal Place of Business Mailing Address 8626 HIGHWAY 301 SOUTH 8626 HIGHWAY 301 SOUTH RIVERVIEW FL 33569 **RIVERVIEW FL 33569-5421**  Date Incorporated or Qualified 09/26/1978 3a. Date of Last Report 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1554609 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 23 28

Zip

29

9. Name and Address of Current Registered Agent

TONELLI, MICHAEL A. 82 Street Address (P.O. Box Number is Not Acceptable) 201 E. KENNEDY BLVD 83 SUITE 901 TAMPA FL 33672-0118 84 City Zip Code

Country

81 Name

30

office or r	to the provisions of Sections 617,0502 and 61 egistered agent, or both, in the State of Florida in familiar with, and accept the obligations of,	a. Such change was au	uthorized by the corporal	poration submits this stateme tion's board of directors. I he	ent for the purpose of changing in reby accept the appointment as	ts registered registered
SIGNATURE .	Signature, typed or printed name of registered agent and title if	anglicable (NOT)	Registered Agent signature regul	red when reinstalion	DATE	
12,	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		RS IN 12
TITLE	VD	☐ DELETE	1.1 TITLE	<del></del>	Change	Addition
NAME	REWIS, ROBBIE		1.2 NAME			
STREET ADDRESS	10504 CONE GROVE RD		1.3 STREET ADDRESS			
CITY-ST-ZIP	RIVERVIEW, FL 00000		1.4 CITY-ST-ZIP			
TITLE	TD	☐ DELETE	2.1 TITLE		Change	Addition
NAME	LITTLE, WILLIAM P		2.2 NAME			1
STREET ADDRESS	11120 DESOTO RD		2.3 STREET ADDRESS			
CITY-ST-ZIP	RIVERVIEW, FL 00000		2. 4 CITY - ST - ZIP			ĺ
TITLE	\$D	DELETE	3.1 TITLE		Change	☐ Addition
NAME	GAY, WILLIAM G		3.2 NAME			J
STREET ADDRESS	9611 PINE RIDGE AVE		3.3 STREFT ADDRESS			ļ
CITY-ST-ZIP	RIVERVIEW, FL 00000		3.4. CITY-ST-ZIP			
TITLE	PD	☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME	COX, JACOB S		4. 2 NAME			
STREET ADDRESS	9925 VAUGHN ST		4.3 STREET ADDRESS			
CITY-ST-ZIP	GIBSONTON FL		4.4 CITY-ST-ZIP			[
TITLE		DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			ſ
CITY - ST - ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			

14. I do 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 logal 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.

8/9-William Plitte

812 /77 /277

**FILED** 

Mar 14 1997 8:00am

Secretary of State

8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

Florida Statutes

☐ Yes ☐ No

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable