## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

| DOCUI   | MENT # 74439  | 1 (4)  |                                      |                                  |                         |  |  |                    |                             |  |
|---|---|--|--------------------------------------|----------------------------------|-------------------------|--|--|--------------------|-----------------------------|--|
| FIRST BAPTIST CHURCH OF RIVERVIEW, FLORIDA, INC.                                    |   |  |                                      |                                  |                         |  |  |                    |                             |  |
| Principal Place of Business Mailing Address   |   |  |                                      |                                  |                         |  | ji <b>v</b> ioja <b>vioji vio</b> ji i |                    | EU 010H 400                 |  |
| 8626 HIGHWAY 301 SOUTH RIVERVIEW FL 33569 BE26 HIGHWAY 301 SOUTH RIVERVIEW FL 33569 |   |  | Ή                                    |                                  |                         | 3. Date Incorporated or Qualified 09/26/1978   |  |                    |                             |  |
|   |   |  |                                      |                                  |                         | 4. FEI Number  | -                                      |                    | oplied For<br>ot Applicable |  |
| 2. Principal P  | lace of Business  | 2a. Mailing Address<br>26  |                                      |                                  |                         | 59-1554609  5. Certificate of Status Desired   |  | .75                | Additional squired          |  |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, etc.  |                                      |                                  |                         | 6. Election Campaign Financing   |  |                    | May Be                      |  |
| City & State  | 9   | City & State   |                                      |                                  |                         | Trust Fund Contribution  7. Is this nonprofit corporation a home                           |  |                    | Fees                        |  |
| 23  | -   | 28   |                                      |                                  |                         |  | Yes No                                 | Clatio             | 111                         |  |
| Zip   | Country   | Zip  | h1                                   | untry                            | ,                       | 8. This corporation owes or has paid   |  |                    |                             |  |
| 24  | 25<br>9. Name and Address of Curre  | 29 nt Begletered Agent   | 30                                   | 1                                |                         | Personal Property Tax due June 3 10. Name and Address of New Reg                           |  |                    | <b>≸</b> No                 |  |
| <del></del>   | P. Hallie Bild Mudiaes of Calle   | III LIGAISIAI DU NAGIII  |                                      | 81                               | Name                    | 10. Haille and Address of New Neg  | ISTRIBU AGOIL                          |                    |                             |  |
| TONELU, MICHAEL A.  |   |  |                                      | 82                               | Street Add              | dress (P.O. Box Number is Not Acceptable   | э)                                     |                    |                             |  |
| 201 E. KENNEDY BLVD<br>SUITE 901  |   |  |                                      | 83                               |                         |  |  |                    |                             |  |
| TAMPA FL 33672-0118   |   |  |                                      |                                  | O/4 .                   |  |  | 7:                 | 01-                         |  |
|   |   |  |                                      |                                  | City                    |  | FL  85                                 |                    | Code                        |  |
|   | to the provisions of Sections 617.050<br>egistered agent, or both, in the State<br>in familiar with, and accept the oblig | 02 and 617.1508, Florida Statu<br>of Florida. Such change was<br>lations of, Section 617.0503, F | tes, the a<br>authorize<br>orida Sta | bove-<br>d by t<br>tutes         | named cor<br>he corpora | rporation submits this statement for the pu<br>ation's board of directors. I hereby accept | rpose of chang<br>the appointme        | ging it:<br>ent as | s registered<br>registered  |  |
|   | Signature, typed or printed name of registered ag   | <del></del>  |                                      | d Agent                          | eignature requ          | uired when reinstating)  | DATE                                   |                    |                             |  |
| 12.   |   | ID DIRECTORS DELETE  |                                      | 13.                              |                         | ADDITIONS/CHANGES TO OFFICE  |  |                    | S IN 12                     |  |
| TITLE<br>NAME   | VD DELETE REWIS, ROBBIE   |  |                                      | 1.1 TITLE<br>1.2 NAME            |                         |  | Ĺ Ch                                   | MINGE              | L_] Augition                |  |
| STREET ADDRESS  | 10504 CONE GROVE RD   |  |                                      | TREET AL                         | DDAESS                  |  |  |                    |                             |  |
| CITY-ST-ZIP   | RIVERVIEW, FL 00000   |  |                                      | ITY-ST-                          | i                       |  |  |                    |                             |  |
| TITLE   | TD DELETE   |  | _                                    | 2.1 TITLE                        |                         |  | Ch                                     | iange              | Addition                    |  |
| NAME  | LITTLE, WILLIAM P   |  | 22 N                                 | AME                              |                         |  |  |                    |                             |  |
| STREET ADDRESS  | 11120 DESOTO RD   |  | 2.3 \$                               | TREET AC                         | DDRESS                  |  |  |                    |                             |  |
| CITY-ST-ZIP   | RIVERVIEW, FL 00000   |  |                                      | 2. 4 CITY - ST - ZIP             |                         |  |  |                    |                             |  |
| TITLE   | SD  | <del></del> -  |                                      | 3.1 TITLE                        |                         |  | ☐ Ch                                   | lange              | Addition                    |  |
| NAME  | GAY, WILLIAM G  |  | 3.2 N                                |                                  |                         |  |  |                    |                             |  |
| STREET ADDRESS  | 9811 PINE RIDGE AVE<br>RIVERVIEW, FL 00000  |  |                                      | TREET AL                         |                         |  |  |                    |                             |  |
| CITY-ST-ZIP<br>TITLE  | PD  | ☐ DELETE   | 3.4. C                               | TIF                              | ZIP                     |  | ☐ Ch                                   | 1anna              | Addition                    |  |
| NAME  | COX, JACOB S  |  | 4. 2 N                               |                                  |                         |  | <b>—</b> *"                            | go                 |                             |  |
| STREET ADDRESS  | 9925 VAUGHIN ST   |  |                                      | TREET AL                         | ODRESS                  |  |  |                    |                             |  |
| CITY-ST-ZIP   | GIBSONTON FL  |  | - 6                                  |                                  | - 1                     |  |  |                    |                             |  |
| TITLE   |   |  | _                                    | 4.4 CITY - ST - ZIP<br>5.1 TITLE |                         |  | ☐ Ch.                                  | ange               | ☐ Addition                  |  |
| NAME  |   |  | 5.2 N                                | AME                              |                         |  |  |                    |                             |  |
| STREET ADDRESS  |   |  | 5.3 S                                | TREET AC                         | DDRESS                  |  |  |                    |                             |  |
| CITY-ST-ZIP   |   |  | 5.4 C                                | ITY-ST-                          | ZIP                     |  |  |                    |                             |  |
| TITLE   |   | ☐ DELETE   | 6.1 TI                               | TLE                              |                         |  | Ch                                     | ange               | Addition                    |  |
| NAME  |   |  | 6.2 N                                | AME                              |                         |  |  |                    |                             |  |
| STREET ADDRESS  |   |  | 6.3 ST                               | FREET AC                         | DRESS                   |  |  |                    |                             |  |
|   |   |  |                                      |                                  |                         |  |  |                    |                             |  |

14. I 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 legal 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 op an attechment with an address.

SIGNATURE MARKET HWILLIE PUSHI

112/98

013-177-1377

**FILED** 

Feb 09 1998 8:00am

Secretary of State

3R2E037 (10/97)