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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 27 PM 4:03

DOCUMENT # 746997 (6)

1. Corporation Name

~~MARANATHA BIBLE CHURCH, INC.~~  
BROADWAY BAPTIST CHURCH

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2016 60TH STREET  
TAMPA FL 33619

Mailing Address  
2016 60TH STREET  
TAMPA FL 33619

3. Date Incorporated or Qualified 05/01/1979  
3a. Date of Last Report 02/03/1994  
4. FBI Number 59-2350306  
Applied For Not Applicable

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25 29 30

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
ROWELL, LEE  
603 OAK RIDGE DRIVE  
BRANDON FL 33509

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|--------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | D                        | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SINGLEY, ELMER LEROY     | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2108 64TH STREET NORTH   | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | TAMPA FL                 | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | S                        | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SINGLEY, DOROTHY         | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2108 64TH STREET NORTH   | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | TAMPA FL                 | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | T                        | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MILLER, JAMES            | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 320 HYDRANGIA AVENUE     | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | TAMPA FL                 | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | D                        | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KINARD, J.D.             | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 6510 28TH AVENUE         | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | TAMPA FL                 | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | D                        | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PRESTON, WILLIAM L.      | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 5109 EAST COLUMBUS DRIVE | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | TAMPA FL                 | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                          | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statute. 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James E. Miller JAMES E. MILLER 1/21/95 213-453-8881  
Signature and typed or printed name of signing officer or director Date Telephone #