

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 746997 (6)

1. Corporation Name

BROADWAY BAPTIST CHURCH, INC.

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
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2350306

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROWELL, LEE
603 OAK RIDGE DRIVE
BRANDON FL 33509**

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 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

Lee Rowell

Signature, typed or printed name of registered agent, also for not applicable

(Note: Registered Agent signature required when re-registering)

DATE **1/20/96**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D SINGLEY, ELMER LEROY
STREET ADDRESS
2108 64TH STREET NORTH
CITY-ST-ZIP
TAMPA FL

TITLE ☐ DELETE

NAME
S SINGLEY, DOROTHY
STREET ADDRESS
2108 64TH STREET NORTH
CITY-ST-ZIP
TAMPA FL

TITLE ☐ DELETE

NAME
T MILLER, JAMES
STREET ADDRESS
320 HYDRANGIA AVENUE
CITY-ST-ZIP
TAMPA FL

TITLE ☐ DELETE

NAME
D KINARD, J.D.
STREET ADDRESS
6510 26TH AVENUE
CITY-ST-ZIP
TAMPA FL

TITLE ☐ DELETE

NAME
D PRESTON, WILLIAM L.
STREET ADDRESS
5109 EAST COLUMBUS DRIVE
CITY-ST-ZIP
TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

James E. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/20/96**

DAYTIME PHONE # **813-935-1861**

CR2E037 (12/95)