FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998			DIVISION OF CORPORATIONS						Secretary of State									
DOCU 1. Corporation	MENT on Name	# 7	746997	•	(6)										. J			aco
BROAL	OWAY BA	PTIST (CHURCH, IN	C.														
Principal Plac	ce of Busines	Mailing	Address				,	-										
2016 60TH STR	REFT			_	-													
TAMPA FL 33619				2108 N. 64TH STREET TAMPA FL 33619						3. D			d or Qual •	lified				
				US						4. FE	UD/U El Numb	<u>1/1979</u> ier	<u> </u>				Ar	plied For
3 Grinoinal C	llogo of Dural		<u>.</u>	1.0- 14-1	P	1				<u> </u>	59-2	<u>35030</u>	6					t Applicable
2. Principal F	riace or busi	ness		28. Mailing Address						5. C	ertificate	of Stat	us Desire	₽¢				Additional
Suite, Apt. #, etc.				Suite, Apt. #, etc.						6. Ek	ection C	ampaio	n Financ	ina	.			quired May Be
22				27							ust Fund							Fees
City & Stat	ie			28 City	& State					7. Is	this nor	profit c	orporation	_		ers asso No	ciatio	1?
Zip		Cour	itry	Zip	***	Cou	ıntry	,		8. Th	is corpo	oration o	wes or h				ar Int	apgible
24	Q Nome	25 and Add	room of Current	29	/ A - amb	30				Pe	rsonal F	roperty	Tax due	June	30.	Yes Yes		No
	a. Maille	and Add	ress of Current	negisiered	Agent	:	81	Name	,	10. N	ame an	d Addre	ss of Ne	W Re	gistered	Agent		
ROWELL	. LEE						82											
603 OAK RIDGE DRIVE								Street	Addres	ss (P.O.	BOX NO	mber is	Not Acc	eptab	le)			
BRANDO	N FL 3350	9					83								· · · ·			
							84	City								85	Zip (code
11. Pursuant	to the provis	ions of Se	ctions 617.0502	and 617.15	08. Florida Stat	utes the al	nove	-namer	d comor	ration si	ubmits t	hie etate	ment for	the n	FL	ef chance	ina iti	registered
office or r agent. La	egistered ag m familiar wi	ent, or be to and a	ctions 617.0502 and the state of the obligation of the obligations.	Florida Si	uch change was	authorize	d by	the cor	poration	n's boar	rd of dir	ectors.	hereby	accep	t the ap	pointme	ntas	registered
SIGNATURE	100	_//_	1 WW	ex		00	•	40	フロ	راری	· •	179	25 P 0	سورو		//。	5/	48
12.	Signature, typed		mé of registered agent : OFFICERS AND I			TE: Registered	i Afje	nisignatur	e required			CLIANIC	SES TO C		DATE	<u> </u>		
TITLE	D		CITIOLITO AND I	OII LOTOI S	DELETE	1,1 TI	πE		"]"	AUL	JI II ONS	CHAIN	3E9 10 C	JEFICI	EHS AIN	☐ Cha		Addition
NAME	SINGLEY					1.2 NA	ME									_	•	
STREET ADDRESS			et North			1.3 ST	REET	ADDRESS										
CITY-ST-ZIP	TAMPA I	<u>-L</u>	· · · · · ·		Consum	1.4 CI		T-ZIP						_				
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STREET ADDRESS			ET NORTH			2.2 NA		ADDRESS						7				
CITY-ST-ZIP	TAMPA F					2.4 C												
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NAME	MILLER,					3.2 NA	ME											
STREET ADDRESS	320 HYD		AVENUE			3.3 ST	REET	ADDRESS										ļ
CITY-ST-ZIP TITLE	D IAMPA F	·L			- I per ere	3.4. CI	_	T-ZIP	ļ						•••	F-1 22		
NAME	KINARD,	.in			☐ DELETE	4.1 TIT 4. 2 N/										∐ Cha	nge	☐ Addition
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CITY-ST-ZIP	TAMPA F	L			I DE CE	5.4 CIT		- ZIP								(
TITLE NAME					☐ DELETE	6.1 TIT										L_I Chai	nge	Addition
STREET ADDRESS						6.2 NAI		address .										
						0.5 517		ADDITION .	ı									

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 on an attachment with an address.

6.4 CITY-ST-ZIP

1/5/98

813-935-1861

FILED

Jan 21 1998 8:00am