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**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90021 037 \*\*\*\*61.25

0061006

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 746997**

1. Corporation Name

**BROADWAY BAPTIST CHURCH, INC.**

Principal Place of Business

2016 60TH STREET  
 TAMPA FL 33619

Mailing Address

2108 N. 64TH STREET  
 TAMPA FL 33619  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**05/01/1979**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

**59-2350306**

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing  
 Trust Fund Contribution ☐

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

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

**Moore, Kenneth**

82 Street Address (P.O. Box Number is Not Acceptable)

**3635 East Lake Dr.**

83

84 City **Land O' Lakes**

**FL**

85 Zip Code  
**34639**

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

*Kenneth W. Moore*

**1-6-99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ DELETE  
 NAME **D**  
 STREET ADDRESS **PRESTON, WILLIAM L.**  
 CITY-ST-ZIP **5109 EAST COLUMBUS DRIVE**  
**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 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, with all other like empowered.

SIGNATURE: *James E. Miller* SIGNATURE REQUIRED **James E. Miller**

**1/7/99**

**813-935-1861**

Date

Daytime Phone #

CR2E037 (11/98)