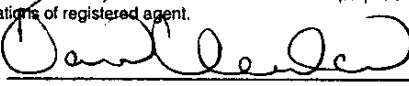
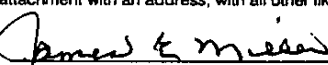


J, Old English title text Clipart

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90004 049 ****61.25

DOCUMENT # 746997			
1. Entity 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEJ Number NOT APPLICABLE	
		Applied For ☒ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CLEVELAND, DAVID 12008 VERMILLION WAY RIVERVIEW, FL 33569		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPPARD, CHARLES 10420 OJUS DRIVE TAMPA, FL 33617 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAGSDALE, PATRICIA 2402 PAUL S BUCHMAN HWY. ZEPHYRHILLS, FL 33540 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Cleveland, Terri 12008 Vermillion Way Riverview, FL 33569 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, JAMES 320 HYDRANGIA AVENUE TAMPA, FL 33612 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAGSDALE, HUBERT 2402 PAUL S. BUCHMAN HWY ZEPHYRHILLS, FL 33540 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  JAMES E. MILLER		Date 1/8/05 Daytime Phone # 813-621-5389	