

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90044 040 *****70.00

DOCUMENT # 746997

1. Entity Name

BROADWAY BAPTIST CHURCH, INC.



Principal Place of Business

2016 60TH STREET
TAMPA FL 33619

Mailing Address

12008 VERMILLION WAY
RIVERVIEW FL 33569
US



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

10420 OJUS DRIVE

1st MOORE

CR2E037 (10/06)

City & State

City & State
Tampa, FL

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip
33617

Country
Hills.

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CLEVELAND, DAVID
12008 VERMILLION WAY
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name Richard Lamborn
Street Address (P.O. Box Number is Not Acceptable)
5614 36th Avenue North
City St. Petersburg FL Zip Code 33710

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

Richard Lamborn

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

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

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SHEPPARD, CHARLES	
STREET ADDRESS	10420 OJUS DRIVE	
CITY - ST - ZIP	TAMPA FL 33617	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, JAMES	
STREET ADDRESS	320 HYDRANGIA AVENUE	
CITY - ST - ZIP	TAMPA FL 33612	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	KING, MARTHA	
STREET ADDRESS	13618 N. FLORIDA AVE. #63	
CITY - ST - ZIP	TAMPA FL 33613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jones, Francine	
STREET ADDRESS	6225 Eugene Ave.	
CITY - ST - ZIP	Tampa, FL 33619-1652	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Francine Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/07

813-621-2500

Date

Daytime Phone #