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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(0)

RIVERSIDE BAPTIST CHURCH OF TAMPA, FLORIDA, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 23 1997 8:00am Secretary of State

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| 2923 TAMPA STREET<br>TAMPA FL 33602-1499 |   |                     | 2923 TAMPA STREET<br>TAMPA FL 33602-1431  |           |                                      |  |   |  |                  |                |              |           |                    |                    |                |              |      |
|--|---|---------------------|---|-----------|--------------------------------------|--|---|--|------------------|----------------|--------------|-----------|--------------------|--------------------|----------------|--------------|------|
|  |   |                     |   |           |                                      |  | -   | 3. Date  | Incorp<br>)7/11/ | orated<br>1979 | or Qua       | alified   | За.                | Date of L<br>03/13 | ast Ro<br>/199 | eport<br>16  | 7    |
| 2. Principal Pi                          | ace of Business   | 2                   | 2a. Mailing Address   |           |                                      |  |   | 4. FEI   | Number           |                |              |           | <u> </u>           |                    | Ap             | plied For    | ┪    |
| 21                                       |   | 26                  | 26 2923 TAMPA STREET  |           |                                      |  | -   | ,  | 59-068           | 39709          | )            |           |                    |                    | <del></del>    | t Applicable | ,    |
| Sulte, Apt.                              | #, etc.   | 27                  | Suite, Apt. #, etc.   |           |                                      |  |   | 5. Certi   | ificate o        | f Statu        | s Desir      | ed        |                    | <b>~</b>           |                | dditional    |      |
| City & State                             | 9   |                     | City & State  28 TAMPA F1   |           |                                      |  |   | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |                  |                |              |           |                    |                    |                |              | 1    |
| Zip                                      | Country   |                     | TAMPA, FL   | ntry      |                                      |  |   |  |                  |                | litu for i   |           |                    |                    |                | ┨            |      |
| 24                                       | 25  | 9 33602-1499 30 USA |   |           |                                      | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No |   |  |                  |                |              |           |                    |                    |                |              |      |
| =11                                      | 9. Name and Addre   |                     | stered Agent  |           |                                      |  |   | 10. Name and Address of New Registered Agent                                       |                  |                |              |           |                    |                    |                |              | 1    |
|  |   |                     |   |           | 81                                   | Name   |   | -  |                  |                |              |           |                    |                    |                |              |      |
| EDMONE                                   | SON, FRANK M.   |                     |   |           |                                      | Stroot A   | treet Address (P.O. Box Number is Not Acceptable) |  |                  |                |              |           |                    |                    |                |              | 4    |
| _  | MPA STREET  |                     |   | 82        | Original Progress (L.O. DOY LANGING) |  |   |  |                  |                |              |           |                    |                    |                |              |      |
| TAMPA F                                  | L 33602-1499  |                     |   |           | 83                                   |  |   |  |                  |                |              | -         |                    |                    |                |              |      |
|  |   |                     |   |           | 84                                   | City   |   |  |                  |                |              | ·         | F                  | L 85               | Zip (          | Code         | 1    |
| 11. Pursuant !                           | to the provisions of Sect   | ions 617.0502 and   | 617.1508, Florida Statute<br>rida. Such change was a<br>of, Section 617.0503, Flo | s, the a  | bove<br>d hv                         | -named o   | corporat  | ion sub  | mits thi         | s state        | ment fo      | or the p  | urpose             | of chang           | ing it         | s registered | 1    |
| agent. I a                               | m familiar with, and acc  | of the obligations  | of, Section 617.0503, Flo   | rida Stat | utes                                 | ·  |   | , 200.0  | or amor          |                |              | , 0000    |                    | pp=                | 45             | . og/0.5. oa |      |
| SIGNATUNE                                | Trank Ille  | Luonise             | سـ FRANK M.   | EDN       | NO                                   | NDSC   | DN-PI   | RESI   | DEN              | Ι              |              | 47        | 1 6 / <del>9</del> | <del>-</del>       |                |              |      |
| 12.                                      | Signature, typed of printed in one of registered agent and little if applicable. (NOTE Registers OFFICERS AND DIRECTORS 13. |                     |   |           |                                      |  | required wh                                       |  |                  | CHANG          | ES TO        |           | <del>, , ,</del>   | <u></u>            | TOR            | S IN 12      | 1    |
| TITLE                                    | PD  | DELETE 1            |   |           |                                      |  | DD.   | ADDITIONS/CHANGES  |                  |                |              |           | 1211070            | ¥ Chi              |                | Addition     | 90/0 |
| NAME                                     | HALL, WILBUR  |                     | 74-   | 1.2 N     |                                      | İ  |   |  | unsc             | NI             |              | NK        | A.A                | <b>/</b>           |                |              | 15   |
| STREET ADDRESS                           | 2117 CARROLL G  | ARDEN LN.           |   | 1.3 5     | REET :                               | ADDRESS  | 410   | 00 E.  | , FLI            | ÉŤC            | HÈR          | YÄ'       | Ë.                 | #807               |                |              | [8   |
| CITY-ST-ZIP                              | TAMPA FL 33812-   |                     |   |           | TY-SI                                | - 1  |   |  |                  |                |              | -482      |                    |                    |                |              | 12   |
| TITLE                                    | VD OV   |                     | <b>⋈</b> DELETE   | 21 TI     |                                      |  | VD  |  |                  |                |              |           |                    | ☐ Ch               | ange           | Addition     | 7    |
| NAME                                     | EDMONDSON, FR.  | ANK M               |   | 22 N      | AME                                  |  |   |  | DI DS            | . JF           | :RR          | Υ I .     |                    |                    |                |              | 1    |
| STREET ADDRESS                           | 10405 NORTH BLV   | /D                  |   | 235       | REET                                 | ADDRESS  | 101   | 102 i  | SDS<br>HAM       | ΡŤĊ            | ΝP           | Ĺ.        |                    |                    |                |              |      |
| CITY-ST-ZIP                              | TAMPA FL 33612-   | 3725                |   | 2 4 0     | ITY-S                                | I - Z(P  |   |  |                  |                |              | -420      | 6                  |                    |                |              |      |
| TITLE                                    | TD  |                     | ☐ DELETE  | 31 T      | TLE                                  | -  |   |  | •                |                |              |           |                    | ☐ Chi              | ange           | Addition     |      |
| NAME                                     | KIRKCONNELL, W  |                     |   | 3 2 N     | AME                                  | ļ  |   |  |                  |                |              |           |                    |                    |                |              |      |
| STREET ADDRESS                           | 808 LORENA ROA  |                     |   | 3 3 S     | REET                                 | ADDRESS  |   |  |                  |                |              |           |                    |                    |                |              |      |
| CITY-ST-ZIP                              | LUTZ FL 33549-45  | 89                  | T or oze  | _         | ITY-S                                | T - ZIP  |   |  |                  |                |              |           |                    | FT 0               |                | 1.162        | 4    |
| TOLE                                     | SD<br>BEN MEDAINA   |                     | ☐ DELETE  | 4 1 Ti    |                                      |  |   |  |                  |                |              |           |                    | ☐ Cha              | ange           | Addition     |      |
| NAME                                     | IVEY, VIRGINA   | 1 4/4E C0000        |   | 4. 2 N    |                                      |  |   |  |                  |                |              |           |                    |                    |                |              |      |
| STREET ADDRESS                           | 814 W LINEBUAGI<br>TAMPA FL 33612-1   |                     |   | 1         |                                      | ADDRESS  |   |  |                  |                |              |           |                    |                    |                |              |      |
| Ofty-ST-ZIP<br>TITLE                     | IAMPA FL 33012  | 1011                | DELETE  | 4.4 D     | TY-ST                                | - ZiP  |   |  |                  |                |              |           |                    | □ Chi              | anne           | X Addition   | +    |
| NAME                                     |   |                     | Lad Decert  | 5.1 N     |                                      |  | P   | Т7   | BRA              | ם ו            | · ·          | `         |                    |                    | a.igu          | AUDITOR      |      |
| STREET ADDRESS                           |   |                     |   |           |                                      | ADDRESS  | 140   | 142 5  |                  | ロフィ            | .; レ<br>\  E | ,.<br>LAN | 16                 |                    |                |              | -    |
| CITY-ST-ZIP                              |   |                     |   |           | TY-ST                                |  |   |  |                  |                |              | -221      |                    |                    |                |              |      |
| TITLE                                    | на  |                     | ☐ DEŁETE  | 6.1 Ti    |                                      |  |   | 1311. A  | مواسداند. توا    | توفي           | 0.10         | -441      | V                  | ☐ Chi              | ange           | Addition     | 1    |
| NAME                                     |   |                     |   | 6.2 N     |                                      |  |   |  |                  |                |              |           |                    |                    | -              |              |      |
| STREET ADDRESS                           |   |                     |   |           |                                      | ADDRESS  |   |  |                  |                |              |           |                    |                    |                |              |      |
| CITY-ST-ZIP                              |   |                     |   | 6.4 CI    | TY-ST                                | - ZIP  |   |  |                  |                |              |           |                    |                    |                |              |      |

do 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 change 1, or on an attachment with an address.