

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750449 (1)

1. Corporation Name

TAMPA PRIMITIVE BAPTIST CHURCH, INC.

Principal Place of Business

**919 WEST KENTUCKY AVENUE
TAMPA FL 33603-4511**

Mailing Address

**919 WEST KENTUCKY AVENUE
TAMPA FL 33603-4511**



3. Date Incorporated or Qualified
12/31/1979

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAGAN, CARLENE
8606 PALM LANE
TAMPA FL 33637**

81 Name

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

83

84 City

FL

85 Zip Code

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

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	PDC	<input checked="" type="checkbox"/> DELETE
NAME	WATTON, ALFRED W	
STREET ADDRESS	6402 N 20 ST	
CITY - ST - ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HAGAN, CARLENE	
STREET ADDRESS	8606 PALM LANE	
CITY - ST - ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TEMPLES, HUDSON	
STREET ADDRESS	20564 GARDENIA DR	
CITY - ST - ZIP	LAND O'LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARUTHERS, MARY B	
STREET ADDRESS	1008 BANISTER AVE	
CITY - ST - ZIP	TAMPA, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T/DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TEMPLES, HUDSON	
1.3 STREET ADDRESS	20564 GARDENIA DR.	
1.4 CITY - ST - ZIP	LAND O'LAKES, FL 34639	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WATTON, ALFRED W.	
4.3 STREET ADDRESS	6402 N 20th ST.	
4.4 CITY - ST - ZIP	TAMPA, FL 33610	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HEAD, RAY	
5.3 STREET ADDRESS	10413 LAKE CARROLL WAY	
5.4 CITY - ST - ZIP	TAMPA, FL 33618-7671	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE	D	
6.2 NAME	KEFNE, DAVID	
6.3 STREET ADDRESS	918 W. VIRGINIA AVE.	
6.4 CITY - ST - ZIP	TAMPA, FL 33603-4535	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Hudson Temples
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-96

Date

813-788-6661

Daytime Phone #

CR2E037 (12/95)