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FILED

Mar 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753074 (4)

1. Corporation Name

MAIN STREET INDEPENDENT BAPTIST CHURCH OF HILLSB
OROUGH COUNTY INC.

Principal Place of Business

10320 MAIN STREET
PO BOX 957
THONOTOSASSA FL 33592

Mailing Address

P. O. BOX 957
PO BOX 957
THONOTOSASSA FL 33592-0957
US3. Date Incorporated or Qualified
06/23/19803a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-2359512

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

BRUNSON, LARRY
6015 N. PINE STREET
SEFFNER FL 33584

10. Name and Address of New Registered Agent

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

LARRY BRUNSON

(NOTE: Registered Agent signature required when reinstating)

DATE

3-7-97

12. OFFICERS AND DIRECTORS

TITLE RT
NAME SELDEN, DALE S
STREET ADDRESS 2 BOX 3368
CITY-ST-ZIP PLANT CITY, FL 00000

DELETE

TITLE TD
NAME LUMPKIN, ELVIS H.
STREET ADDRESS 6313 BLACK DAIRY ROAD
CITY-ST-ZIP SEFFNER FL

DELETE

TITLE P
NAME BRUNON, ROBERT
STREET ADDRESS 10320 MAIN ST.
CITY-ST-ZIP THONOTOSASSA FL

DELETE

TITLE T
NAME SELDEN, DALE S.
STREET ADDRESS 6705 N. IKE SMITH ROAD
CITY-ST-ZIP PLANT CITY FL

DELETE

TITLE T
NAME DOWDY, GUS
STREET ADDRESS 103 MILLIOU WAY
CITY-ST-ZIP BRANDSO FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0046624

CR2E037 (9/96)