

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 755678 (0)
1. Corporation Name
HILLSBOROUGH CHRISTIAN COMMUNITY CHURCH

Principal Place of Business Mailing Address
5706 N. HESPERIDES ST. 5706 N. HESPERIDES ST.
TAMPA FL 33614 TAMPA FL 33614



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/24/1980 3a. Date of Last Report 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-1022407	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BOWYER, A C
1006 ECKLES DR
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D COOPER, HARRY	1.1 TITLE	Change Addition
NAME	4506 W FERN STREET	1.2 NAME	200002306532-7
STREET ADDRESS	TAMPA FL	1.3 STREET ADDRESS	-09/29/97-01148-011
CITY-ST-ZIP		1.4 CITY-ST-ZIP	****236.25 ****236.25
TITLE	CD BOWYER, ART (VICE-CHRM)	2.1 TITLE	Change Addition
NAME	1006 ECKLES DR.	2.2 NAME	
STREET ADDRESS	TAMPA FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D SPRINKLE, GEORGE	3.1 TITLE	Change Addition
NAME	116 DEER LAKE RD. Deceased	3.2 NAME	
STREET ADDRESS	LUTZ FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D CHARLOTTE YOUNG	4.1 TITLE	Change Addition
NAME	4514 W. KNOX ST	4.2 NAME	
STREET ADDRESS	TAMPA, FL. 33614	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 REQUIRED _____

APPROVED
AND
FILED

1997 SEP 26 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E037 (4/97)