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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762410

1. Corporation Name

BACK TO CHRIST EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business

502 CALHOUN AVENUE
SEFFNER FL 33584

Mailing Address

502 CALHOUN AVENUE
SEFFNER FL 33584



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/15/1982

4. FEI Number

65-0543628

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACKSON, MARVIN P ESQUIRE
205 MARTIN LUTHER KING BLVD
PO BOX 7461
TAMPA FL 33673

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME MOORE, LEWIS ELDER

STREET ADDRESS 502 CALHOUN AVENUE

CITY-ST-ZIP SEFFNER FL 33584

TITLE D ☐ DELETE

NAME BALKMAN, ROBERT

STREET ADDRESS 6659 MESSER DR.

CITY-ST-ZIP SEFFNER FL 33584

TITLE D ☐ DELETE

NAME BALKMAN, JENETTE

STREET ADDRESS 6659 MESSER DRIVE

CITY-ST-ZIP SEFFNER FL 33584

TITLE D ☐ DELETE

NAME MOORE, VICTOR

STREET ADDRESS 502 CALHOUN AVE

CITY-ST-ZIP SEFFNER FL 33584

TITLE FSD ☐ DELETE

NAME KELLY, LEROY

STREET ADDRESS 507 CALHOUN AVE

CITY-ST-ZIP SEFFNER FL 33584

TITLE RSD ☐ DELETE

NAME MOORE, VICTORIA E

STREET ADDRESS 9402 19TH ST

CITY-ST-ZIP TAMPA FL 33612

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Lewis Moore* SIGNATURE REQUIRED

JAN 16 1999

Date

Daytime Phone #

CR2E037 (11/98)