

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 764112 (9)**

1. Corporation Name  
**TRUSTEES, TITUS BAPTIST CHURCH OF RIVERVIEW, FLO  
RIDA, INC.**



Principal Place of Business <b>10110 BLOOMINGDALE AVE. P.O. BOX 516 RIVERVIEW FL 33569</b>	Mailing Address <b>10110 BLOOMINGDALE AVE. P.O. BOX 516 RIVERVIEW FL 33569</b>
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3. Date Incorporated or Qualified <b>07/09/1982</b>	3a. Date of Last Report <b>01/26/1995</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Country <b>30</b>

4. FEI Number <b>59-1909765</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**RICHARD HAYNES  
2886 59TH WAY NORTH  
ST. PETERSBURG FL 33710**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>THOMAS, JIM</b>	
STREET ADDRESS	<b>11919 RHODINE RD</b>	
CITY-ST-ZIP	<b>RIVERVIEW FL</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HAMM, BILLY</b>	
STREET ADDRESS	<b>3020 MAYDELL DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HUTCHISON, HARRY</b>	
STREET ADDRESS	<b>307 MYAKKA LOOP</b>	
CITY-ST-ZIP	<b>RIVERVIEW FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>HAMILTON, JOSEPH C</b>	
STREET ADDRESS	<b>1843 CADILLAC CIRCLE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>HAYNES, RICHARD B.</b>	
STREET ADDRESS	<b>2886 59TH WAY NORTH</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Jay Wiggins</b>	
1.3 STREET ADDRESS	<b>34320 Buckhorn Springs Road</b>	
1.4 CITY-ST-ZIP	<b>Riverview, FL 33569</b>	
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Stephen Wymer</b>	
2.3 STREET ADDRESS	<b>2031 Warrington Way</b>	
2.4 CITY-ST-ZIP	<b>Tampa, FL 33619</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 in an attachment with an address.

SIGNATURE: Rev. Richard Haynes 3/19/96 813 621-2263  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Richard Haynes

CR2E037 (12/95)