

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 # 764112 (9)

1. Corporation Name

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



Principal Place of Business

**10110 BLOOMINGDALE AVE.
P.O. BOX 516
RIVERVIEW FL 33569**

Mailing Address

**10110 BLOOMINGDALE AVE.
P.O. BOX 516
RIVERVIEW FL 33569**

3. Date Incorporated or Qualified
07/09/1982

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-1909765

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **THOMAS, JIM**
STREET ADDRESS **11919 RHODINE RD**
CITY-ST-ZIP **RIVERVIEW FL**

TITLE **STD** ☒ DELETE
NAME **HAMM, BILLY**
STREET ADDRESS **3020 MAYDELL DRIVE**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE
NAME **HUTCHISON, HARRY**
STREET ADDRESS **307 MYAKKA LOOP**
CITY-ST-ZIP **RIVERVIEW FL**

TITLE **VD** ☐ DELETE
NAME **HAMILTON, JOSEPH C**
STREET ADDRESS **1843 CADILLAC CIRCLE**
CITY-ST-ZIP **TAMPA FL**

TITLE **PD** ☐ DELETE
NAME **HAYNES, RICHARD B.**
STREET ADDRESS **2886 59TH WAY NORTH**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **STD** ☒ Change ☒ Addition
1.2 NAME **Jay Wiggins**
1.3 STREET ADDRESS **34320 Buckhorn Springs Road**
1.4 CITY-ST-ZIP **Riverview, FL 33569**

2.1 TITLE **D** ☒ Change ☒ Addition
2.2 NAME **Stephen Wymer**
2.3 STREET ADDRESS **2031 Warrington Way**
2.4 CITY-ST-ZIP **Tampa, FL 33619**

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

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

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

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96

813 621-2263

Date

Daytime Phone #

CR2E037 (12/95)