

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90042 014 ****61.25

DOCUMENT # N05000010137

1. Entity Name

BALLAST POINT BAPTIST CHURCH, INC.



Principal Place of Business

4104 OAKELLAR AVENUE
TAMPA FL 33611

Mailing Address

4104 OAKELLAR AVENUE
TAMPA FL 33611

2. Principal Place of Business - No P.O. Box #

4104 OAKELLAR AVE

Suite, Apt. #, etc.

3. Mailing Address

4104 OAKELLAR

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

Zip 33611-2221

Country

Hillsborough

City & State

TAMPA FLORIDA

Zip

33611-2221

Country

Hillsborough

4. FEI Number

71-0998475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALKER, WILLIAM F
4104 OAKELLAR AVENUE
TAMPA FL 33611

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

William F. WALKER William F. Walker 01-19-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY ST ZIP | P WALKER, WILLIAM F 4104 OAKELLAR AVENUE TAMPA FL 33611 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | V EDMONDSON, IRA 4104 OAKELLAR AVENUE TAMPA FL 33611 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | S WALKER, WILLIAM F JR. 4104 OAKELLAR AVENUE TAMPA FL 33611 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William F. WALKER William F. Walker 01-19-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #