FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16332

(1)

Corporation	n Name	(1)	:		Į.		
BAY VIEW BAPTIST CHURCH, INC.							
2 , (, , , ,		•	į		T 40 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AN ANAMATAN BIAN BIAN	
Principal Place of Business Mailing Address							diam're
3911 BAY AVE. 3911 BAY AVE.							
TAMPA FL 33616 2303						•	
					3. Date Incorporated or Qualified	3a. Date of Las	Report
Discoular Discou					08/12/1986	09/19/1	
2. Principal Place of Business		2a. Mailing Address	☐ ·		4. FEI Number 59-2226590	 	Applied For
Suite, Apt. #, etc.		Suite Apt. #. etc.	Suite, Apt. #, etc.		00 222000	60.7	Not Applicable 5 Additional
22 27		 			5. Certificate of Status Desired Fee Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29 30 9. Name and Address of Current Registered Agent		30		Florida Statutes 10. Name and Address of New Reg	Yes No	
	9. Italia Bilo Modiass Of Colle	uir vadisteien väeur	81	Name	10. regular and Address of their reg	histolog Wholir	
ELLINGTON, BARBARA R							
6713 DAUPHIN AVENUE			62 3	Street Address (P.O. Box Number is Not Acceptable)			
TAMPA FL 33611			83				
, , , , , , , , , , , , , , , , , , ,			84 (~i4		Jág 7	ip Code
				84 City FL 85 Zip C			ip Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statu	tes, the above-n	amed corpo	pration submits this statement for the poor's board of directors. I hereby accep	urpose of changin	g its registered
agent, I a	m familiar with, and accept the obli	gations of, Section 617.0503, F	lorida Statutes	io opi poratic	one board of amounds. Thoroby accept	e tro appointment	as registered
SIGNATURE .		101.7. 6.11.	rF			0.475	
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: OFFICERS AND DIRECTORS		TE Registered Agent a	agnature require	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECT	ORS IN 12
TITLE	Р	DELETE				Chang	
NAME	BURDON, STEPHEN G		1.2 NAME				
STREET ADDRESS	6713 DAUPHIN AVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33611		1.4 CITY-ST-2	ZIP	·····		
TITLE			2.1 TITLE	ļ		☐ Chanç	e 🔲 Addition
NAME	PADGETT, NEIL		2.2 NAME				
STREET ADDRESS	3819 BAY AVE. TAMPA FL 33616		2.3 STREET AD				
CITY-ST-ZIP	TD DELETE		2.4 CITY-ST- 3.1 TITLE	ZIP		Chang	e Addition
NAME	5 A D D D D D D D D D D D D D D D D D D		3.2 NAME	Ì			
STREET ADDRESS	2911 ELLIS		3.3 STREET AD	DRESS			ì
CITY-ST-ZIP	TAMPA FL 33611		3.4. CITY-ST-	ZIP			
TITLE	SD DELETE		4.1 TITLE			☐ Chang	e 🔲 Addition
NAME	CHRISTIANSON, KEN		4. 2 NAME				
STREET ADDRESS	5505 S. LOIS		4.3 STREET AD	ORESS			ļ
CITY-ST-ZIP	TAMPA FL 33611		4.4 CITY - ST - 7	ZIP		I I Chan	ie Addition
TITLE	DELETE		5.1 TITLE		☐ Change ☐ Add		le Madailiay
NAME STREET ADDROCCE	pecc		5.2 NAME 5.3 STREET AD	Deces			
STREET ADDRESS				<u> </u>			
CHTY-ST-ZIP THTLE	☐ DELETE		5.4 CITY-ST-2 6.1 TITLE	LIF		Chang	e Addition
NAME		house Transfer	6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
	1		1				

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.

27/97

\$13-839-0830

FILED

Feb 13 1997 8:00am

Secretary of State