

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90006 025 ****61.25

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DOCUMENT # N16332

Corporation Name

BAY VIEW BAPTIST CHURCH, INC.

613477-90006-25

Principal Place of Business

#11 BAY AVE.
TAMPA FL 33616

Mailing Address

3911 BAY AVE.
TAMPA FL 33616



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/12/1986	
City & State		City & State		4. FEI Number	
Zip		Zip		59-2226590	
Country		Country		Applied For	
25		29		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		Not Applicable	
UHL, MERV E		81 Name		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7718 W. POWHETON AVE		82 Street Address (P.O. Box Number is Not Acceptable)		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
TAMPA FL 33615		83		Trust Fund Contribution	
		84 City		85 Zip Code	
		FL			

I, 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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
WE	UHL, MERV E	1.2 NAME	
REET ADDRESS	7718 W. POWHETON AVE	1.3 STREET ADDRESS	
Y-ST-ZIP	TAMPA FL 33615	1.4 CITY-ST-ZIP	
LE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	PADGETT, NEIL	2.2 NAME	
REET ADDRESS	3819 BAY AVE.	2.3 STREET ADDRESS	
Y-ST-ZIP	TAMPA FL 33616	2.4 CITY-ST-ZIP	
LE	TD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
WE	DAVIS, BOB	3.2 NAME	TD
REET ADDRESS	2911 ELLIS	3.3 STREET ADDRESS	Weintraub, SAUL
Y-ST-ZIP	TAMPA FL 33611	3.4 CITY-ST-ZIP	8010 Woodvine Place
LE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
WE		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
WE		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
WE		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)