

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 # N33667 (9)

1. Corporation Name

TRUSTEES, HENDERSON ROAD BAPTIST CHURCH, INC.



Principal Place of Business

C/O MICHAEL PRIEST, SR.  
10620 HENDERSON RD  
TAMPA FL 33625  
US

Mailing Address

C/O MICHAEL PRIEST, SR.  
10620 HENDERSON RD  
TAMPA FL 33625  
US

3. Date Incorporated or Qualified  
08/09/1989

3a. Date of Last Report  
03/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-1225359

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22  
City & State

27  
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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

23  
Zip Country

28  
Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRIEST, MICHAEL A., SR  
10620 HENDERSON RD  
TAMPA FL 33625

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

*Michael A. Priest, Sr.*

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

(NOTE: Registered Agent signature required when reappointing)

3-13-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME PRIEST, MICHAEL A., SR  
STREET ADDRESS 4006 W ANGELES ST  
CITY-ST-ZIP TAMPA FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME MATHIS, LARRY  
STREET ADDRESS 4537 W. LAMBRIGHT ST.  
CITY-ST-ZIP TAMPA FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME CRUMBLY, ROD  
STREET ADDRESS 11025 AIRVIEW DR.  
CITY-ST-ZIP TAMPA FL

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

TITLE D ☒ DELETE  
NAME GRIFFIN, ROBERT  
STREET ADDRESS 11235 WHEELING DIVE  
CITY-ST-ZIP TAMPA FL

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME D Miller, William G.  
4.3 STREET ADDRESS 5435 Pentail Circle  
4.4 CITY-ST-ZIP Tampa, FL 33625

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 on an attachment with an address.

SIGNATURE:

*Michael A. Priest, Sr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-96

(813) 962-4665

Daytime Phone #

Daytime Phone #

CR2E037 (12/95)