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Secretary of State

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N33667</b>					
1. Corporation Name <b>TRUSTEES, HENDERSON ROAD BAPTIST CHURCH, INC.</b>					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/09/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1225359	
24 Country		29 Country		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 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 Rev. Michael A. Priest, Sr. Rev. Michael A. Priest, Sr. 1-14-99  
Signature, typed or printed name of registered agent and 994 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/O
NAME	PRIEST, MICHAEL A., SR	1.2 NAME	
STREET ADDRESS	4006 W ANGELES ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	V/O
NAME	MARTIN, WILLIAM RUSSEL	2.2 NAME	
STREET ADDRESS	11236 WHEELING DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	BUCK, STEVE	3.2 NAME	
STREET ADDRESS	1122 TEAKWOOD AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	D
NAME		4.2 NAME	HAROLD COLLINS
STREET ADDRESS		4.3 STREET ADDRESS	9748 ELM WAY
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TAMPA FLORIDA 33635
TITLE		5.1 TITLE	D
NAME		5.2 NAME	DONALD TARVESTAD
STREET ADDRESS		5.3 STREET ADDRESS	13620 LAKE MAGDALENE BLVD. UNIT #510
CITY-ST-ZIP		5.4 CITY-ST-ZIP	TAMPA, FLORIDA 33618
TITLE		6.1 TITLE	D
NAME		6.2 NAME	BILL JOHNSON
STREET ADDRESS		6.3 STREET ADDRESS	10957 BRIGHTSIDE DRIVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	TAMPA FLORIDA 33624

14. 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: MICHAEL A. PRIEST, SR. 1-14-99 (813) 962-4665  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)