

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90087 009 \*\*\*\*61.25

**DOCUMENT # N33667**

1. Entity Name

TRUSTEES, HENDERSON ROAD BAPTIST CHURCH, INC.



Principal Place of Business

C/OWILLIAM G. MILLER  
10620 HENDERSON RD  
TAMPA FL 33625  
US

Mailing Address

C/OWILLIAM G. MILLER  
10620 HENDERSON RD  
TAMPA FL 33625  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1225359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, WILLIAM G  
10620 HENDERSON RD  
TAMPA FL 33625

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 G. MILLER*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*William G. Miller* *1/26/04*

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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 **MD** ☐ Delete  
NAME **MILLER, WILLIAM G**  
STREET ADDRESS **6435 PENTAIL CIR**  
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **D** ☒ Delete  
NAME **ROBINSON, CHRISTOPHER**  
STREET ADDRESS **5435 RIPPLE CREEK DR**  
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **D** ☒ Delete  
NAME **COLLINS, HAROLD**  
STREET ADDRESS **8304 NATCHEZ ST**  
CITY-ST-ZIP **TAMPA FL 33637**

TITLE **D** ☐ Delete  
NAME **STACY, DWAYNE**  
STREET ADDRESS **8304 NATCHEZ ST**  
CITY-ST-ZIP **TAMPA FL 33637**

TITLE **D** ☐ Delete  
NAME **CORRAN, PHILIP**  
STREET ADDRESS **6408 SANTA MONICA DR**  
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **D** ☐ Delete  
NAME **BURNETT, MEL**  
STREET ADDRESS **6405 ELDORADO DR**  
CITY-ST-ZIP **TAMPA FL 33615**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **Boyd, Tim**  
STREET ADDRESS **10431 MONDRAGON**  
CITY-ST-ZIP **TAMPA, FL 33625**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #