

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90018 026 \*\*\*\*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

4000710J



1st MOORE

CR2E037 (10/04)

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

MILLER, WILLIAM G  
10620 HENDERSON RD  
TAMPA FL 33625

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2005**

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

TITLE D  
NAME BOYD, TIM  
STREET ADDRESS 12431 MONDRAGON  
CITY-ST-ZIP TAMPA FL 33625 ☐ Delete

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME LOWE, TONY  
STREET ADDRESS 6426 MOSSWAY  
CITY-ST-ZIP TAMPA FL 33625 ☐ Change ☒ Addition

TITLE D  
NAME MORRISON, KC  
STREET ADDRESS 12508 REGENCY  
CITY-ST-ZIP TAMPA FL 33625 ☐ Change ☒ Addition

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

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

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

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

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 #

1/20/05 (813) 962-4665