

# 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 # N43072 (0)**

1. Corporation Name

**TRUSTEES CASTLE HEIGHTS BAPTIST CHURCH, TAMPA, FLORIDA**

Principal Place of Business

C/O RICHARD A. RODRIGUEZ  
P O BOX 17037  
TAMPA FL 33682

Mailing Address

C/O RICHARD A. RODRIGUEZ  
P O BOX 17037  
TAMPA FL 33682



3. Date Incorporated or Qualified  
**04/22/1991**

3a. Date of Last Report  
**01/30/1995**

4. FEI Number  
**59-2113445**

Applied For  
Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RODRIGUEZ, RICHARD A.  
10203 N NEBRASKA AVE.  
TAMPA FL 33612**

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

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

(NOTE: Registered Agent's signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME LEWIS, PHILLIP W.  
STREET ADDRESS 702 E 124TH AVE.  
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE TD  
NAME PETERSON, ALBERT  
STREET ADDRESS 214 W AZALEA  
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE SD  
NAME BLANCETT, LINDA  
STREET ADDRESS 2561 LAKE ELLEN DRIVE  
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE D  
NAME GRIFFIN, NORMAN  
STREET ADDRESS 2824 ANTHONY ST  
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE D  
NAME BROWN, MAMIE  
STREET ADDRESS 811 E 130TH AVE.  
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

11 TITLE PD  
12 NAME PETERSON, TERRY A.  
13 STREET ADDRESS 6802 N 15TH STREET  
14 CITY-ST-ZIP TAMPA, FLA. 33616 ☒ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS ☐ Change ☐ Addition

24 CITY-ST-ZIP  
31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS ☐ Change ☐ Addition

34 CITY-ST-ZIP  
41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS ☐ Change ☐ Addition

44 CITY-ST-ZIP  
51 TITLE ☐ Change ☐ Addition

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:

*Albert A. Peterson* ALBERT A. PETERSON 2/1/96 (813) 935-4706  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)