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Feb 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43072 (0)

1. Corporation Name

TRUSTEES CASTLE HEIGHTS BAPTIST CHURCH, TAMPA, F
LORIDA

Principal Place of Business

Mailing Address

C/O RICHARD A. RODRIGUEZ
P O BOX 17037
TAMPA FL 33682C/O RICHARD A. RODRIGUEZ
P O BOX 17037
TAMPA FL 33682-70373. Date Incorporated or Qualified
04/22/19913a. Date of Last Report
02/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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 Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☒

No

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PETERSON, TERRY A.
STREET ADDRESS 6802 N 15TH ST
CITY-ST-ZIP TAMPA FL ☐ DELETETITLE TD
NAME PETERSON, ALBERT
STREET ADDRESS 214 W AZALEA
CITY-ST-ZIP TAMPA FL ☐ DELETETITLE SD
NAME BLANCETT, LINDA
STREET ADDRESS 2561 LAKE ELLEN DRIVE
CITY-ST-ZIP TAMPA FL ☒ DELETETITLE D
NAME GRIFFIN, NORMAN
STREET ADDRESS 2824 ANTHONY ST
CITY-ST-ZIP TAMPA FL ☐ DELETETITLE D
NAME BROWN, MAMIE
STREET ADDRESS 811 E 130TH AVE.
CITY-ST-ZIP TAMPA FL ☐ DELETETITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE SD
3.2 NAME FICK, LINDA
3.3 STREET ADDRESS 1219 DEACON HILL DR.
3.4 CITY-ST-ZIP TAMPA, FL 33615-2002 ☒ Change ☐ Addition4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 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 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.

SIGNATURE:

ALBERT A. PETERSON

JAN 14 1997

813-935-4706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0049259

CR2E037 (9/96)