

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33682**

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



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified

04/22/1991

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, TERRY A.	1.2 NAME	
STREET ADDRESS	6802 N 15TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, ALBERT	2.2 NAME	
STREET ADDRESS	214 W AZALEA	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	MARIAN MCVEHIL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FICEK, LINDA	3.2 NAME	10314 N. NEBRASKA AVE
STREET ADDRESS	1219 BEACON HILL DRIVE	3.3 STREET ADDRESS	TAMPA, FL 33612
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	MAMIE BROWN <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, NORMAN	4.2 NAME	811 E 130TH AVE
STREET ADDRESS	2824 ANTHONY ST	4.3 STREET ADDRESS	TAMPA, FL 33612 ERROR
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	SHANE RODRIGUEZ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MAMIE	5.2 NAME	906 E. POINTSETTIA AVE
STREET ADDRESS	811 E 130TH AVE.	5.3 STREET ADDRESS	TAMPA, FL 33612
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

[Handwritten Signature]

1626 212-525-4206

CR2E037 (1097)