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**Mar 12, 1999 8:00 am**  
**Secretary of State**

03-12-1999 90017 019 \*\*\*210.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N44775**

1. Corporation Name

**CYPRESS LAKE BAPTIST CHURCH OF TAMPA, INC.**

Principal Place of Business

13025 NONE EAGLES DRIVE  
TAMPA FL 33626  
US

Mailing Address

331 CLEVELAND STREET  
CLEARWATER FL 34615  
US



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 08/21/1991 4. FEI Number 59-3080879 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75: Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

**PONDER, LARRY**  
331 CLEVELAND STREET  
CLEARWATER FL 33755

10. Name and Address of New Registered Agent

81 Name	SAME
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	DP	1.1 TITLE	DP
NAME	MANLY, DON	1.2 NAME	WILLIAMS, CLIFF
STREET ADDRESS	2300 ALLIGATOR CREEK ROAD	1.3 STREET ADDRESS	644 Poinsettia Rd
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Belleair, FL 33756
TITLE	DVP	2.1 TITLE	DVP
NAME	COTTON, JOE	2.2 NAME	MILLER, FLOYD
STREET ADDRESS	3000 HARGETT LANE	2.3 STREET ADDRESS	414 MARIVA AVE
CITY-ST-ZIP	SAFETY HARBOR FL	2.4 CITY-ST-ZIP	CLEARWATER, FL 33255
TITLE	DS	3.1 TITLE	DS
NAME	MASON, DOUG	3.2 NAME	KAY, JIM
STREET ADDRESS	844 FOREST GLEN ROAD	3.3 STREET ADDRESS	1735 Ashton Abbey Rd
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	CLEARWATER, FL 33255
TITLE	DS	4.1 TITLE	DP
NAME	MILLER, FLOYD	4.2 NAME	COTTON, JOE
STREET ADDRESS	414 MARIVA AVE	4.3 STREET ADDRESS	3000 Hargett Lane
CITY-ST-ZIP	CLEARWATER	4.4 CITY-ST-ZIP	Safety Harbor, FL 34695
TITLE	D	5.1 TITLE	DP
NAME	HUTCHESON, BILL	5.2 NAME	FOX, PETE
STREET ADDRESS	558 PALMETTO ROAD	5.3 STREET ADDRESS	1942 Belcher Rd
CITY-ST-ZIP	BELLEAIR FL	5.4 CITY-ST-ZIP	Dunedin, FL 34698
TITLE	DT	6.1 TITLE	
NAME	HARTMAN, REID	6.2 NAME	Reid Hartman
STREET ADDRESS	1600 LEVERN STREET	6.3 STREET ADDRESS	1600 Levern St
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	Clearwater, FL 33755

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, with all other like empowered.

SIGNATURE:

*Reid Hartman*  
**REID HARTMAN**

2-17-99 (727) 441-1581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-11/98