

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

FILED
Mar 18, 2005 8:00 am
Secretary of State

02-23-2005 90066 038 ****61.25

66006158



1st MOORE CR2E037 (10/04)

DOCUMENT # N93000001384 1. Entity Name TAMPA BAY BAPTIST ASSOCIATION, INC.																																																																																																									
Principal Place of Business 1060 W. BUSCH BLVD. TAMPA FL 33612-7707 US			Mailing Address 1060 W. BUSCH BLVD. TAMPA FL 33612-7707 US																																																																																																						
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																							
City & State Zip Country		City & State Zip Country		4. FEI Number 59-0725550 Applied For <input type="checkbox"/> Not Applicable																																																																																																					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent BILES, LEE T 1060 W BUSCH BLVD TAMPA FL 33612-7707																																																																																																					
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 <u>Lee Thomas Biles</u> DATE <u>2-16-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																									
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State																																																																																																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 35%;">PD</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NASWORTHY, ELBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2717 W HILLSBOROUGH AVE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>TAMPA FL 33614-6052</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NASWORTHY, ELBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2717 W. HILLSBOROUGH AVE.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>TAMPA FL 33614-6052</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BILES, TOM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1060 W. BUSCH BLVD.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>TAMPA FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PATTON, BOBBY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7202 TIMBER COURT</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>TAMPA FL 33625</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 35%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">CITY- ST- ZIP</td> <td style="width: 20%; text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	NASWORTHY, ELBERT		STREET ADDRESS	2717 W HILLSBOROUGH AVE		CITY- ST- ZIP	TAMPA FL 33614-6052		TITLE	VPD	<input type="checkbox"/> Delete	NAME	NASWORTHY, ELBERT		STREET ADDRESS	2717 W. HILLSBOROUGH AVE.		CITY- ST- ZIP	TAMPA FL 33614-6052		TITLE	TD	<input type="checkbox"/> Delete	NAME	BILES, TOM		STREET ADDRESS	1060 W. BUSCH BLVD.		CITY- ST- ZIP	TAMPA FL		TITLE	VPD	<input type="checkbox"/> Delete	NAME	PATTON, BOBBY		STREET ADDRESS	7202 TIMBER COURT		CITY- ST- ZIP	TAMPA FL 33625		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: <u>Lee Thomas Biles</u> <u>3-14-05</u> <u>813-985-383</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																									

ATTACHMENT

66006158

Tampa Bay Baptist Association

The mission of the Tampa Bay Baptist Association is to glorify God by working with churches in carrying out the Great Commission in Tampa Bay and beyond!

Tom Biles
Executive Director

Jeff Holley
Church Growth Director

Othoniel Valdes
Church Extension Director

Gary McCall
Technology Director

Robbie Goss
Counseling Center Director

John Anderson
Conference Center Director

Jerry Key
Seafarers Ministry Director

Shirley Price
Administrative Assistant

March 14, 2005

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee FL 32314

Reference Number: 718850 and N93000001384

To Whom It May Concern:

We previously mailed two Corporation Annual Report forms that needed the director's signature at the bottom of both reports. The two reports were:

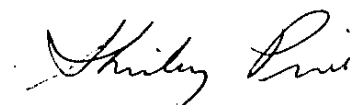
1) Tampa Bay Baptist Association, Inc.
Reference Number: N93000001384

2) Baptist City Mission Board
Reference Number: 718850

Instead of returning to us a copy of each one, you returned two copies of the same (Tampa Bay Baptist Association). Therefore, our director signed a copy of the Baptist City Mission Board Annual Report (that I had in my files).

Enclosed you will find a copy of each one, both signed. Please let me know if there is anything further that I need to do.

Sincerely,



Shirley Price, Office Manager