2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N93000001384

1. Entity Name

TAMPA BAY BAPTIST ASSOCIATION, INC.



13

FILED Feb 13, 2008 08:00 A Secretary of State

Principal Place of Business

1060 W. BUSCH BLVD. TAMPA, FL 33612-7707 US Mailing Address

1060 W. BUSCH BLVD. TAMPA, FL 33612-7707 US



01082008 No Chg-NP

CR2E037 (4/06)

4. FEI Number	A	pplied For
59-0725550	N	ot Applicable
5. Certificate of Status Desired	\$8.75 Ad	

1/16/08 813-935

6. Name and Address of Current Registered Agent

BILES, LEE T 1060 W BUSCH BLVD TAMPA, FL 33612-7707

SIGNATURE:

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	named entity submits this statement for the	ourpose of changing its registered	office or re	gistered agent, or both,	in the State of Florida.	I am familiar with, and	accept		
the obligat	tions of registered agent.	_				1 .			
SIGNATURE.	1 or the	· LEE TOM BILE	- S	TREASURER		116/08	:		
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
:							•		
	Filing Fee is \$61.25	 Election Campaign Financi Trust Fund Contribution. 	ng 🗆	\$5.00 May Be Added to Fees	•	•	-		
± '	Due by May 1, 2008	Trout and Continuous.	_	7,0000 10 1 000					
10.	OFFICERS AND DIRE	CTORS			* -, ,.				
TITLE	PD			•	110000008286	26	•		
NAME	NASWORTHY, ELBERT			' (11000008288 12/21/08-8009	7°-010 61.25			
STREET ADDRESS	2717 W HILLSBOROUGH AVE			•					
CITY-ST-ZIP	TAMPA, FL 336146052					•			
TITLE	VPD			•					
NAME	NASWORTHY, ELBERT					•	į		
STREET ADDRESS	2717 W. HILLSBOROUGH AVE.								
CITY-ST-ZIP	TAMPA, FL 336146052								
TITLE	TD					,			
NAME	BILES, TOM								
STREET ADDRESS CITY-ST-ZIP	1060 W. BUSCH BLVD.			DO I	NOT WR	ITE			
	TAMPA, FL		;						
TITLE	VPD			IN T	HIS SPA	CE			
NAME STREET ADDRESS	PATTON, BOBBY								
CITY-ST-ZIP	7202 TIMBER COURT								
	TAMPA, FL 33625			,	. •	•			
TITLE NAME		· ·		:	•	•			
STREET ADDRESS							i		
CITY-ST-ZIP		ł			•	•			
TITLE				•	•	,			
NAME							1		
STREET ADDRESS									
CITY-ST-ZIP]	٠, ٠	•					
12. I hereby o	certify that the information supplied with this f	iling does not qualify for the exem	ptions cont	ained in Chapter 119, F	lorida Statutes. I furthe	r certify that the inform	nation		
indicated	on this report or supplemental report is true a	and accurate and that my signatur	e shall have	the same legal effect a	s if made under oath; ti	hat I am an officer or d	irector ,		
changed,	or on an attachment with an address, with al	I other like empowered.	L by Criaple	7 OTT, I IUIIUA SIAIUIBS, I	and that my hame appl	JAN IN DIOGRAPO OF DIOG	201 11 11		