

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 22 1998 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000004652 (4)**

**PARADISE MISSIONARY BAPTIST CHURCH, INC.**



Principal Place of Business Mailing Address  
**1112 E SCOTT ST TAMPA FL 33602**

3. Date Incorporated or Qualified  
**10/13/1993**  
4. FEI Number **59-3122005**  
Applied For Not Applicable

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 29 Zip 30 Country

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**

**WILLIAMS, FRANK REV  
1112 E SCOTT ST  
TAMPA FL 33602**

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**

TITLE	<b>CCCC</b> <input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, DEBORAH J.</b>
STREET ADDRESS	<b>2605 EAST 10TH AVENUE 2612 - E 11th Avenue</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>MUTHERSON, CANNELLA</b>
STREET ADDRESS	<b>416 E. HUGH</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, FRANK W.</b>
STREET ADDRESS	<b>416 EAST HUGH</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D LOCKETT, JAMES</b>
STREET ADDRESS	<b>1905 EAST POINSETTIA</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D DAMON, WILLIE</b>
STREET ADDRESS	<b>3208 N 48TH ST, APT A</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D STONEY, HAROLD</b>
STREET ADDRESS	<b>1236 INDIA ST</b>
CITY-ST-ZIP	<b>TAMPA FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE	<b>Evangelist Romethia Fitts</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>2613 E. 11th Avenue - Ass't. pastor</b>
1.3 STREET ADDRESS	<b>Tampa, Florida 33612</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<b>300002496683</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>-04/22/98--01022--031</b>
6.3 STREET ADDRESS	<b>***\$61.25</b>
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]* DATE **4-22-98**

CR2E037 (10/97)