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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000004652

1. Corporation Name

PARADISE MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

1112 E SCOTT ST  
TAMPA FL 33602

Mailing Address

1112 E SCOTT ST  
TAMPA FL 33602



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
10/13/1993

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-3122005

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24

25

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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 *Rev. Frank Williams*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/8/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME WILLIAMS, DEBORAH J.  
STREET ADDRESS 2612 EAST 17TH AVENUE  
CITY-ST-ZIP TAMPA FL

1.1 TITLE  Change  Addition  
1.2 NAME Sunday School Secretary  
1.3 STREET ADDRESS Betty Williams  
416 E. Hugh  
1.4 CITY-ST-ZIP Tampa, Florida 33602

TITLE  DELETE  
NAME MUTHERSON, CANNELLA  
STREET ADDRESS 416 E. HUGH  
CITY-ST-ZIP TAMPA FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  DELETE  
NAME WILLIAMS, FRANK W.  
STREET ADDRESS 416 EAST HUGH  
CITY-ST-ZIP TAMPA FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME LOCKETT, JAMES  
STREET ADDRESS 1905 EAST POINSETTIA  
CITY-ST-ZIP TAMPA FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME DAMON, WILLIE  
STREET ADDRESS 3208 N 48TH ST, APT A  
CITY-ST-ZIP TAMPA FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME STONEY, HAROLD  
STREET ADDRESS 1236 INDIA ST  
CITY-ST-ZIP TAMPA FL

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE: *Rev. Frank Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99

DATE

813-223-7077

Daytime Phone #

CR2E037 (11/98)