

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000000182

1. Entity Name
FLORIDA AVENUE BAPTIST HOLDING CO.



Principal Place of Business
**4208 N FLORIDA AVE
TAMPA, FL 33603**

Mailing Address
**4208 N FLORIDA AVE
TAMPA, FL 33603**

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90035 048 ****61.25



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03112005

Chg-NP

CR2E037 (10/03)

4. FEI Number

59-3304426

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRANTHAM, AUBREY L
4910 N. 16TH ST.
TAMPA, FL 33610**

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

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
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GRANTHAM, AUBREY L
STREET ADDRESS 4910 N. 16TH ST.
CITY-ST-ZIP TAMPA, FL 33610 ☐ Delete

TITLE VPD
NAME SIMMONS, W A
STREET ADDRESS 4303 LYNN AVE
CITY-ST-ZIP TAMPA, FL ☒ Delete

TITLE STT
NAME PURVIS, DENTA
STREET ADDRESS 308 W ALVA STREET
CITY-ST-ZIP TAMPA, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME Shiver, Pat
STREET ADDRESS 4208 N. Florida Ave
CITY-ST-ZIP Tampa FL 33603 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/05
Date

813/238-2425
Daytime Phone #