

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90352 039 \*\*\*\*61.25

**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**

400427



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-3304426**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

*Aubrey L. Grantham*

**3-30-06**

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, 2006**

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 SHIVER, PAT  
STREET ADDRESS 4208 N. FLORIDA AVE  
CITY-ST-ZIP TAMPA, FL 33603 ☒ 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 Washington, Jesse  
STREET ADDRESS 5624 Sailfish Drive  
CITY-ST-ZIP Lutz, FL 33558 ☐ Change ☒ Addition

TITLE T  
NAME Purvis, Denta  
STREET ADDRESS 308 W. Alva street  
CITY-ST-ZIP Tampa, FL 33603 ☒ Change ☐ Addition

TITLE SD  
NAME Dawn Rollins  
STREET ADDRESS 5024 Sailfish Drive  
CITY-ST-ZIP Lutz, FL 33558 ☐ 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 exemptions contained in Chapter 119, 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.