

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # N96000001394**

1. Corporation Name

**TAMPA BAPTIST DEAF CHURCH, INC.**

Principal Place of Business

300 EAST SLIGH AVENUE  
TAMPA FL 33604

Mailing Address

300 EAST SLIGH AVENUE  
TAMPA FL 33604

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90124 014 \*\*\*\*61.25

0049672



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/11/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3411865	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

CARRERA, LLOYD  
4314 AKITA DRIVE  
TAMPA FL 33625

10. Name and Address of New Registered Agent

81 Name **VANESSA D. ROWLAND-ANDERSON**  
82 Street Address (P.O. Box Number is Not Acceptable) **7605 SOUTH SWOOPE STREET**  
83  
84 City **TAMPA** FL 85 Zip Code **33616**

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 Vanessa D. Rowland-Anderson DATE 4.11.99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, GEORGE	1.2 NAME	
STREET ADDRESS	14130 ROSEMARY LANE #6310	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34644	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTON, LINDA	2.2 NAME	
STREET ADDRESS	15322 HUTCHINSON RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARRERA, LLOYD	3.2 NAME	D Rowland-Anderson, Vanessa
STREET ADDRESS	4314 AKITA DRIVE	3.3 STREET ADDRESS	7605 South Swoppe Street
CITY-ST-ZIP	TAMPA FL 33625	3.4 CITY-ST-ZIP	Tampa FL 33616
TITLE	STR	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, CATHY M	4.2 NAME	
STREET ADDRESS	7318 N DARTMOUTH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33604-4058	4.4 CITY-ST-ZIP	
TITLE	STR	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SURRENCY, STEVEN	5.2 NAME	
STREET ADDRESS	5109 TWIN PINE DR	5.3 STREET ADDRESS	4324 Kipling Ave
CITY-ST-ZIP	PLANT CITY FL 33567	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Cathy M Jackson DATE 4/12/99 (813) 236-DEAF  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)