NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # N9700001934

1. Corporation Name

WELCOME BAPTIST CHURCH OF LITHIA, INC.

11308 WElcome Church Street

Principal Place of Business

Mailing Address

11308 WELCOME CHURCH STREET LITHIA FL 33547

11308 WELCOME CHURCH STREET

LITHIA FL 33547

## **FILED** Feb 22, 1999 8:00 am § Secretary of State

02-22-1999 90141 024 \*\*\*\*61.25

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2. Principal P	lace of Business	2a. Mailing Address				3. Date Incorporated or Qualified 04/04/1997				
Suite, Apt. #, etc. Suite, Apt. #, e						- 4. FEI Number			Apr	lied For
22 Lither F1 27						31-156374	7		Not	Applicable
City & State City & State						5. Certifcate of			\$8.75 A	
23 3354	1 Hillsborough Country	28							Fee Rec	<del>`</del>
Zip	-,					6. Election Campaign Financing Trust Fund Contribution Added to Fe				
	9. Name and Address of Current		<u> </u>			10. Name and A	ddress of New Reg	istered A	\gent	
			8	31	Name					
DWAYED IOUN A					Ctroot Addro	no /D O Boy Numb	er is Not Acceptable			
DWYER, JOHN A 11308 WELCOME CHURCH STREET				32	Street Addre	et Address (P.O. Box Number is Not Acceptable)				
				13						
LITHIA FL 33547							<u> </u>		1	
			8	34	City		•	FL	85 Zip C	odé
11 Dureuant	to the provisions of Sections 617.0502	and 617 1508. Florida Statutes	s the abo	V8-r	named corpo	ration submits this	statement for the pur	pose of	changing its i	registered
l office or r	registered agent, or both, in the State o	f Florida. Such change was au	thorized b	oy m	e corporation	n's board of director	s. I hereby accept th	ie appoir	itment as reg	istered
agent. I a	ım familiar with, and accept the obligati	ons of, Section 5 (7.0503, Fiori	da Statute	es.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTF: I	Registered Ac	gent s	konature required	when reinstating)		DATE		<del></del>
12.	OFFICERS AND		13.				HANGES TO OFFIC	ERS AN	D DIRECTO	RS IN 12
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STREET ADDRESS	l		1.3 STRE	_	DORESS					•
}	LITHIA FL 33547		1.4 CITY							
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STREET ADDRESS			2.4 CITY		- 1					
CITY-ST-ZIP	D DELETE			7-51 E	ZIP			<del></del>	Change	Addition
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C(TY-ST-Z)P	LITHIA FL 33547	☐ DELETE	3.4. CITY		ZIP				Change	Addition
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NAME			4. 2 NAM					•		
STREET ADDRESS			4.3 STRE		i					
CITY-ST-ZIP			4.4 CITY		3P				Change	☐ Addition
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CITY-ST-ZIP			5.4 CITY		JP	<u> </u>		·	П.С	□ A J J 20
TITLE	}	☐ DELETE	6.1 TTLE						Change	☐ Addition
NAME			6.2 NAM	_		•				
STREET ADDRESS			6.3 STRE	EETAL	DORESS					
I	1		0.4 CITY	OT 7	710					

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 chapter 617, or on an attachment with an address, with all other like empowered.

SIGNATURE: