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FILED
May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000006572 (8)**

1. Corporation Name

TAMPA BAY BILLY GRAHAM CRUSADE, INC.

Principal Place of Business

Mailing Address

**8405 BENJAMIN ROAD
TAMPA FL 33634**

**8405 BENJAMIN ROAD
TAMPA FL 33634**

3. Date Incorporated or Qualified

11/21/1997

4. FEI Number

59-3479671

Applied For

Not Applicable

2. Principal Place of Business

21 320 W. Kennedy Blvd.

2a. Mailing Address

26 PO Box 739

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Tampa FL

28 Tampa FL

Zip

Zip

24 33606

Country

29 33601

Country

25 Hillsborough

30 Hillsborough

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOWE, PETER
8405 BENJAMIN ROAD
TAMPA FL 33634**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOWE, PETER	
STREET ADDRESS	8405 BENJAMIN ROAD	
CITY - ST - ZIP	TAMPA FL 33634	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BUSCH, SUE	
STREET ADDRESS	9840 FRANK DRIVE WEST	
CITY - ST - ZIP	SEMINOLE FL 34448	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GRANT, JOHN SENATOR	
STREET ADDRESS	1715 N. WESTSHORE BLVD., SUITE 750	
CITY - ST - ZIP	TAMPA FL 33607	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITTEN, KEN	
STREET ADDRESS	1515 W. BEARSS AVENUE	
CITY - ST - ZIP	TAMPA FL 33613	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITE, RANDY	
STREET ADDRESS	2511 N GRADY AVE.	
CITY - ST - ZIP	TAMPA FL 33607	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CALCINES, EDDY	
STREET ADDRESS	6902 N. CLARK AVE.	
CITY - ST - ZIP	TAMPA FL 33614	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

[Signature of Peter Lowe]
PETER LOWE

3/30/98

813-888-5554

CP2E037 (10/97)