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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N98000007301

1. Corporation Name

NEW SONG BAPTIST CHURCH OF TAMPA, FLORIDA, INC.

Principal Place of Business

8001 N. DALE MABRY HWY., STE. 301A
TAMPA FL 33614-3264

Mailing Address

8001 N. DALE MABRY HWY., STE. 301A
TAMPA FL 33614-3264



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/24/1998

4. FEI Number
59-3555710

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

EDMONDSON, FRANK
8001 N. DALE MABRY HWY., STE. 301A
TAMPA FL 33614-3264

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME
DP
REYNOLDS, JERRY
STREET ADDRESS
10102 HAMPTON PL
CITY-ST-ZIP
TAMPA FL 33618-4206

TITLE ☐ DELETE

NAME
D
GRIFFETH, TAM
STREET ADDRESS
10222 NEWPORT CIR
CITY-ST-ZIP
TAMPA FL 33612-7304

TITLE ☐ DELETE

NAME
DS
LUTZ, BRADLEY
STREET ADDRESS
14042 BRIARDALE LN
CITY-ST-ZIP
TAMPA FL 33618-2210

TITLE ☐ DELETE

NAME
DP
EDMONDSON, FRANK
STREET ADDRESS
4100 E. FLETCHER AVE., #807
CITY-ST-ZIP
TAMPA FL 33613-4823

TITLE ☐ DELETE

NAME
D
HALE, ALFRED
STREET ADDRESS
11010 CARROLLWOOD DR.
CITY-ST-ZIP
TAMPA FL 33618-3952

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE *Frank M. Edmondson* **REQUIRED**

2-15-1999

813-930-8636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)