FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 25 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 701708 (0)

1. Corporation Name
THE FIRST BAPTIST CHURCH OF BUSHNELL INC.

Principal Place of Business	Mailing Address
125 W ANDERSON AVE BUSHNELL FL 33513	125 W ANDERSON AVE BUSHNELL FL 33513

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/22/1960
3a. Date of Last Report: 07/27/1994
4. FEI Number: 59-1089791 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MACMILLAN, SHIRLEY
RT. 2 BOX 389
BUSHNELL FL 33513

10. Name and Address of New Registered Agent

81 Name: MacMillan, Shirley
82 Street Address (P.O. Box Number is Not Acceptable): 9417 CR 657
83
84 City: Bushnell FL 85 Zip Code: 33513

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	THIES, MARGE	1.2 NAME	
STREET ADDRESS	214 E. VERMONT AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BUSHNELL FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	SD ☑ Change ☐ Addition
NAME	MACMILLAN, SHIRLEY	2.2 NAME	MacMillan, Shirley
STREET ADDRESS	RT. 2 BOX 389	2.3 STREET ADDRESS	9417 CR 657
CITY-ST-ZIP	BUSHNELL FL	2.4 CITY-ST-ZIP	Bushnell, FL 33513
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HARRISON, JULIAN	3.2 NAME	
STREET ADDRESS	324 WEST DADE AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BUSHNELL, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HAWKINS, RONNIE	4.2 NAME	
STREET ADDRESS	P. O. BOX 441 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	BUSHNELL FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SHELNUTT, BERNARD	5.2 NAME	
STREET ADDRESS	P. O. BOX 636 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	BUSHNELL, FL 00000	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	TD ☑ Change ☐ Addition
NAME	POOR, BRENDA	6.2 NAME	Poor, Brenda
STREET ADDRESS	ROUTE 2 BOX 111P N/A	6.3 STREET ADDRESS	7987 CR 623
CITY-ST-ZIP	BUSHNELL, FL 00000	6.4 CITY-ST-ZIP	Bushnell, FL 33513

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Shirley MacMillan 1/18/95 813-744-8360
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0069110