

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 701708 (0)

1. Corporation Name

THE FIRST BAPTIST CHURCH OF BUSHNELL INC.



Principal Place of Business

125 W ANDERSON AVE
BUSHNELL FL 33513

Mailing Address

125 W ANDERSON AVE
BUSHNELL FL 33513

3. Date Incorporated or Qualified
11/22/1960

3a. Date of Last Report
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACMILLAN, SHIRLEY
9417 CR 657
BUSHNELL FL 33513

81 Name
Marge Thies

82 Street Address (P.O. Box Number is Not Acceptable)
214 E. Vermont Ave.

83

84 City
Bushnell

FL

85 Zip Code
33513

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

Marge Thies

Margaret A. Thies

Marge Thies 4-30-96

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **THIES, MARGE**
STREET ADDRESS **214 E. VERMONT AVE.**
CITY-ST-ZIP **BUSHNELL FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE
NAME **MACMILLAN, SHIRLEY**
STREET ADDRESS **9417 CR 657**
CITY-ST-ZIP **BUSHNELL FL**

2.1 TITLE **SD** ☒ Change ☐ Addition
2.2 NAME **Charity Demarest**
2.3 STREET ADDRESS **2984 CR 617**
2.4 CITY-ST-ZIP **Bushnell FL 33513**

TITLE **D** ☐ DELETE
NAME **HARRISON, JULIAN**
STREET ADDRESS **324 WEST DADE AVE**
CITY-ST-ZIP **BUSHNELL, FL 00000**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **HAWKINS, RONNIE**
STREET ADDRESS **P. O. BOX 441 N/A**
CITY-ST-ZIP **BUSHNELL FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **SHELNUTT, BERNARD**
STREET ADDRESS **P. O. BOX 636 N/A**
CITY-ST-ZIP **BUSHNELL, FL 00000**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETE
NAME **POOR, BRENDA**
STREET ADDRESS **7987 CR 623**
CITY-ST-ZIP **BUSHNELL, FL 00000**

6.1 TITLE **TD** ☒ Change ☐ Addition
6.2 NAME **Ronnie Morris**
6.3 STREET ADDRESS **309 North Rutland, P.O. Box 55**
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)(k), 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: **Marge Thies**

Margaret A. Thies 4-30-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)