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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:32

DOCUMENT # 702724 (6)

1. Corporation Name
STARKEY ROAD BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
8800 STARKEY RD LARGO FL 34647-0405	8800 STARKEY RD LARGO FL 34647-0405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1961
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-1147487 ☐ 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 (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) Country (25) / Zip (29) Country (30)

9. Name and Address of Current Registered Agent

LANCASTER, JERRY R
6375 23RD TERR, N
ST PETERSBURG FL 33710

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 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	D	☒ Change ☐ Addition
NAME	EASTERWOOD, ED	1.2 NAME	Overstreet, Larry	
STREET ADDRESS	8800 STARKEY RD	1.3 STREET ADDRESS	1551 Valencia Street	
CITY-ST-ZIP	LARGO, FL 00000	1.4 CITY-ST-ZIP	Clearwater, FL 34616	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	PUCKETT, BEN	2.2 NAME	Howard, Bill	
STREET ADDRESS	8800 STARKEY RD	2.3 STREET ADDRESS	13514 Oval Drive	
		2.4 CITY-ST-ZIP	Largo, FL 34644	
TITLE	S	3.1 TITLE	S	☐ Change ☒ Addition
NAME	BRYANT, MIKE	3.2 NAME	Bryant, Mike	
STREET ADDRESS	8800 STARKEY RD	3.3 STREET ADDRESS	8800 Starkey Road	
CITY-ST-ZIP	LARGO, FL 00000	3.4 CITY-ST-ZIP	Largo, FL 34647	
TITLE	D	4.1 TITLE	D	☐ Change ☒ Addition
NAME	LANCASTER, JERRY R	4.2 NAME	Lancaster, Jerry R	
STREET ADDRESS	8800 STARKEY RD	4.3 STREET ADDRESS	6375 23rd Terrace N.	
CITY-ST-ZIP	LARGO, FL 00000	4.4 CITY-ST-ZIP	St. Petersburg, FL 33710	
TITLE	T	5.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	SCHMIDT, STEVE	5.2 NAME	Hughes, David	
STREET ADDRESS	8800 STARKEY RD	5.3 STREET ADDRESS	8800 Starkey Rd	
CITY-ST-ZIP	LARGO, FL 00000	5.4 CITY-ST-ZIP	Largo, FL 34647	
TITLE	FS	6.1 TITLE	Financial Secretary	☒ Change ☐ Addition
NAME	BELL, FRANK	6.2 NAME	Brim, Ralph	
STREET ADDRESS	8800 STARKEY RD	6.3 STREET ADDRESS	8800 Starkey Rd	
CITY-ST-ZIP	LARGO FL	6.4 CITY-ST-ZIP	Largo, FL 34647	

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: Jerry R. Lancaster JERRY R. LANCASTER 1/31/95 (813) 397-1654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #