

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 # 707993 (2)

1. Corporation Name
CORTEZ ROAD BAPTIST CHURCH, INC.



Principal Place of Business
**4411 100TH STREET WEST
BRADENTON FL 34210-8700**

Mailing Address
**4411 100TH STREET WEST
BRADENTON FL 34210-8700**

3. Date Incorporated or Qualified
10/21/1964

3a. Date of Last Report
05/01/1995

| | | | | | | |
|----|--------------------------------|----|---------------------|---|---|--|
| 21 | 2. Principal Place of Business | 2a | 2a. Mailing Address | 4 | FEI Number 59-2184885 | Applied For |
| 22 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | | | Not Applicable |
| 23 | City & State | 27 | City & State | 5 | Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24 | Zip | 28 | Zip | 6 | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 25 | Country | 29 | Country | 8 | This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**EVELETH, MARK
4411 100TH STREET WEST
BRADENTON FL 34210**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------------|--|
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | EVELETH, LENETTE | |
| STREET ADDRESS | 4411 100TH ST WEST | |
| CITY-ST-ZIP | BRADENTON FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | NELSON, LOUISE | |
| STREET ADDRESS | 3710 GULF OF MEXICO DR A-16 | |
| CITY-ST-ZIP | LONGBOAT KEY FL | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | KNOUSE, CARL W | |
| STREET ADDRESS | 4113 LONGHORD DR | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WATRUBA, JAMES | |
| STREET ADDRESS | 4734 INDEPENDENCE DR. | |
| CITY-ST-ZIP | BRADENTON FL 34210 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | EVELETH, MARK | |
| STREET ADDRESS | 4411 100TH ST WEST | |
| CITY-ST-ZIP | BRADENTON FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------------|--|
| 1.1 TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | VanMeter, Carol | |
| 1.3 STREET ADDRESS | 115th Street Court West | |
| 1.4 CITY-ST-ZIP | Bradenton, FL 34210 | |
| 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 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: *Louise M. Nelson* **LOUISE M. NELSON** 4-4-96 (941) 383-2254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)