

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

APPROVED
AND
FILED

95 MAR 15 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709628 (2)

1. Corporation Name

FIRST BAPTIST CHURCH, INC., OF DELEON SPRINGS, FLORIDA

Principal Place of Business

4995 CENTRAL AVE
POB 908
DELEON SPRINGS FL 32130

Mailing Address

4995 CENTRAL AVE
POB 908
DELEON SPRINGS FL 32130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1965

3a. Date of Last Report

04/22/1994

4. FEI Number

59-1494213

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LONG CALVIN
355 W. RETTA STREET
DELEON SPRINGS FL 32130

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

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

P

NAME

HESTER, WILLIAM

STREET ADDRESS

4455 CAVE LAKE ROAD

CITY-ST-ZIP

DELEON SPRINGS FL

TITLE

VP

NAME

LONG, CALVIN

STREET ADDRESS

355 W. RETTA ST.

CITY-ST-ZIP

DELEON SPRINGS FL

TITLE

D

NAME

HINES, LARRY

STREET ADDRESS

193 RAINTREE CRI

CITY-ST-ZIP

DELAND FL

TITLE

D

NAME

STRATTON, JOHN

STREET ADDRESS

4011 GRAND AVENUE

CITY-ST-ZIP

DELAND FL

TITLE

D

NAME

WILSON, JOHNNIE

STREET ADDRESS

1476 ARREDONDO GRANT RD

CITY-ST-ZIP

DELEON SPRINGS FL

TITLE

D

NAME

HODLICK, KENNETH

STREET ADDRESS

5733 JOHNSON LAKE ROAD

CITY-ST-ZIP

DELAND SPRINGS FL

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

D
Hines, Larry
324 Raintree Circle
DeLand, FL

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

D
DeGrom, Tony
1485 Arredondo Grant Road
DeLeon Springs, FL

6.1 TITLE

☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D
Delligatti, Chip
320 Wheeler Street
DeLeon Springs, FL

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Calvin Long
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Calvin Long

February 8, 1995 904 985-4281

Date

Telephone #