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 # 709628 (2)

1. Corporation Name

FIRST BAPTIST CHURCH, INC., OF DELEON SPRINGS, F
LORIDA

Principal Place of Business	Mailing Address
4995 CENTRAL AVE POB 908 DELEON SPRINGS FL 32130	4995 CENTRAL AVE POB 908 DELEON SPRINGS FL 32130

3. Date Incorporated or Qualified: 09/21/1965
3a. Date of Last Report: 03/02/1995

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)

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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: John Bigelow
82 Street Address (P.O. Box Number is Not Acceptable): 5325 Audubon Avenue
83: P.O. Box 368
84 City: DeLeon Springs FL 85 Zip Code: 32130

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: John Bigelow — February 2, 1996
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HESTER, WILLIAM		1.2 NAME		
STREET ADDRESS	4455 CAVE LAKE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELEON SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	VP	XX ☒ DELETE	2.1 TITLE	T	☐ Change ☒ Addition
NAME	LONG, CALVIN		2.2 NAME	Warren, H. M. "Bill"	
STREET ADDRESS	355 W. RETTA ST.		2.3 STREET ADDRESS	5941 Barnhill Lane	
CITY-ST-ZIP	DELEON SPRINGS FL		2.4 CITY-ST-ZIP	DeLeon Springs, FL 32130	
TITLE	D	XX ☒ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME	HINES, LARRY		3.2 NAME	DeGrom, Tony	
STREET ADDRESS	193 RAINTREE CRI		3.3 STREET ADDRESS	1485 Arredondo Grant Road	
CITY-ST-ZIP	DELAND FL		3.4 CITY-ST-ZIP	DeLeon Springs, FL 32130	
TITLE	D	XX ☒ DELETE	4.1 TITLE	T	☐ Change ☒ Addition
NAME	STRATTON, JOHN		4.2 NAME	Delligatti, Chip	
STREET ADDRESS	4011 GRAND AVENUE		4.3 STREET ADDRESS	320 Wheeler Street	
CITY-ST-ZIP	DELAND FL		4.4 CITY-ST-ZIP	DeLeon Springs, FL 32130	
TITLE	D	XX ☒ DELETE	5.1 TITLE	T	☐ Change ☒ Addition
NAME	WILSON, JOHNIE		5.2 NAME	Bigelow, John P.O. Box 368	
STREET ADDRESS	1475 ARREDONDO GRANT RD		5.3 STREET ADDRESS	5325 Audubon Avenue	
CITY-ST-ZIP	DELEON SPRINGS FL		5.4 CITY-ST-ZIP	DeLeon Springs FL 32130	
TITLE	D	XX ☒ DELETE	6.1 TITLE	T	☐ Change ☒ Addition
NAME	HOBLICK, KENNETH		6.2 NAME	Ross, Stephen	
STREET ADDRESS	5733 JOHNSON LAKE ROAD		6.3 STREET ADDRESS	2513 Parkway Drive	
CITY-ST-ZIP	DELAND SPRINGS FL		6.4 CITY-ST-ZIP	DeLeon Springs, FL 32130	

CR2E037 (12/95)

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: John Bigelow John Bigelow — February 2, 1996 — 904 985-4281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #