

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 # **710370** (8)

1. Corporation Name
FOREST HILLS BAPTIST CHURCH, INC.



Principal Place of Business: **2625 SOUTH ST. TITUSVILLE FL 32780**
Mailing Address: **2625 SOUTH ST. TITUSVILLE FL 32780**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/15/1966	3a. Date of Last Report 01/30/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2469406		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DARGIE, ROBERT JR. 2615 SOUTH ST. TITUSVILLE FL 32780				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. State	FL
				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: _____ DATE: _____
Signature of the person making the filing (to be typed or printed below) Signature of the Registered Agent (to be typed or printed below) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE	P <input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARGIE, ROBERT JR.	12. NAME	
STREET ADDRESS	2615 SOUTH ST.	13. STREET ADDRESS	
CITY-STATE-ZIP	TITUSVILLE FL	14. CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOWELL, NICK	22. NAME	
STREET ADDRESS	1333 BONNEAU BLVD	23. STREET ADDRESS	
CITY-STATE-ZIP	CHRISTMAS FL	24. CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MICHAEL	32. NAME	
STREET ADDRESS	3435 HERON LN.	33. STREET ADDRESS	
CITY-STATE-ZIP	TITUSVILLE FL	34. CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLIS, JAMES	42. NAME	
STREET ADDRESS	625 KAREN DR.	43. STREET ADDRESS	
CITY-STATE-ZIP	TITUSVILLE FL	44. CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLEMON, WILLIAM F.	52. NAME	
STREET ADDRESS	3845 SUMMER TERRACE	53. STREET ADDRESS	
CITY-STATE-ZIP	TITUSVILLE FL	54. CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIORDANO, JACK	62. NAME	
STREET ADDRESS	4345 BEST AVENUE	63. STREET ADDRESS	
CITY-STATE-ZIP	TITUSVILLE FL	64. CITY-STATE-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: _____ DATE: **1-15-96** (407) 268-3727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)