## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

713266

(5)

FIRST BAPTIST HOUSING, INC.

FIRST	SAPTIST HOUSING, INC.							
Principal Place	of Business	Mailing Address						Ø16 81861 81911 18 DI
414 EAST PINE STREET ORLANDO FL 32801		414 EAST PINE STREET ORLANDO FL 32801						
						3. Date Incorporated or Qualified 08/29/1967	3a. Date of Lat 04/21	/1995
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number 59-2357101	-	Applied For Not Applicable
21		Suite, Apt. #, etc.				39 2337 101	\$8.7	75 Additional
Suite, Apt. #	27 Suite, Apr. #, etc.	Suite, Αμ.C. π, etc.			Certificate of Status Desired		e Required	
City & State		City & State				6. Election Campaign Financing		.00 May Be
23		28				Frust Fund Contribution — Added to Fees		
Zip	Country Zp		Country 30			B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24	9. Name and Address of Curren	t Registered Agent	[30]			10. Name and Address of New Reg		
	5. Name and Address of Correct	t Hogistered Agent		81	Name			
MEDCHA	INT IAMES R			82	Street Addr	ess (P.O. Box Number is Not Acceptable		
MERCHANT, JAMES R 414 E PINE ST								
	OO FL 32801		ļ	83				
				84	City		FL 85	Zip Code
		1047 4500 Finale Onto	the obe		onted parent	ration submits this statement for the purp	nse of changing it	rs registered office
or register	ed agent, or both, in the State of Florid	da. Such change was authoriz	ea by the t	corp	oration's boar	rd of directors. I hereby accept the appoin	ntment as register	ed agent. I am
familiar wit	th, and accept the obligations of, Sect	ion 617.0503, Florida Statutes						İ
SIGNATURE _	Signature, typed or printed name of registered agent	and the if applicable INC	TE: Registered	Ager	nt signature require	o when reinstating)	DATE	
12.	OFFICERS AN	D DIRECTORS	13.			ADD:TIONS/CHANGES 10 OFFIC		
TITLE	PD	□ DELETE	111	ILE	1		Chanç	ge
NAME	NELSET, NODERT		12 N					}
STREET ADDRESS	3730 S. LAKE ORLANDO PK	Υ			ADDRESS			
CITY-ST-ZIP	Contract		_	1.4 CITY - ST - ZIP 2.1 TITLE			Chang	ge Addition
TITL€	ASD	AGU —						,
NAME	MALLONI, OFFICE			2 2 NAME 2 3 STREET ADDRESS				
STREET ADDRESS	613 ORIOLE STREET			2 4 CITY-ST-ZIP				İ
CITY-ST-ZIP TITLE	D ORLANDO FL	Oliovio I		ITLE	-		Chang	ge 🔲 Addition
NAME	HENRY, JAMES	_	3.2 N	AME	İ			
STREET ADDRESS	1457 MONTCALM ST		3.3 S	TREET	F ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 00000		340	CITY-	ST-ZIP			
TITLE	VPD	☐ DELET <b>E</b>	4.1 T	HLE			Chan	ge
NAME	LOIS, WENGER		4. 2	NAME				
STREET ADDRESS	4600 TINSLEY DRIVE		435	TREE	1 ADDRESS			
CITY - \$T - ZIP	ORLANDO FL				ST-ZIP		☐ Chan	ge 🔲 Addition
TITLE	STD	DELETE		ITLE				a- [].10041011
NAME	DARNOLD, WESLEY	****	1	IAME				
STREET ADDRESS	3927 WATERFRONT PARKW	AY			T ADDRESS			
CITY-ST-ZIP	ORLANDO FL	DELETE		CITY -: TITLE	ST-ZIP		Chan	ige Addition
TITLE	D	Поресте		NAME			—	ļ
NAME CTOPET ADODESC	NANCY HULL	<b>_</b> T			1 ADORESS			
STREET ADDRESS	1612 EAST HARDING STREE	5 I			ST-ZIP			
CITY-ST-ZIP	ORLANDO FL		Q.7 V			feether assessing stated in Coaton 110 (	17/2)/IJ Florida St	atutoe I further

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: