

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 # 715933 (8)

1. Corporation Name

SANTA ROSA SHORES BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

HIGHWAY 98
P O BOX 40 - 3165 HIGHWAY 98
GULF BREEZE FL 32562-7040

HIGHWAY 98
P O BOX 40 - 3165 HIGHWAY 98
GULF BREEZE FL 32562-7040

3. Date Incorporated or Qualified
01/23/1969

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

NOT APPLICABLE

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

10. Name and Address of New Registered Agent

DAVIS, ROBERT WILLIAM
411 YORK DRIVE
GULF BREEZE FL 32561

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 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

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 SD
NAME STANKWITZ, WINIFRED
STREET ADDRESS 3328 MAPLEWOOD
CITY - ST - ZIP GULF BREEZE FL ☒ DELETE

1.1 TITLE SD
1.2 NAME WILLETT, GLENDA
1.3 STREET ADDRESS 910 LARGO DRIVE
1.4 CITY - ST - ZIP PANAMA BEACH, FL 32561 ☐ Change ☒ Addition

TITLE PD
NAME DUCE, ED
STREET ADDRESS 4593 SOUNDSIDE
CITY - ST - ZIP GULF BREEZE, FL 00000 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP 32561 ☒ Change ☐ Addition

TITLE VD
NAME DAVIS, ROBERT
STREET ADDRESS 411 YORK DR
CITY - ST - ZIP GULF BREEZE, FL 00000 ☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE TD
NAME MURPHY, ERNEST E
STREET ADDRESS 3610 EBB TIDE ANE
CITY - ST - ZIP GULF BREEZE, FL 00000 ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP 32561 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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:

Ernest E. Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/96
Date

904-932-5620
Daytime Phone #

CR2E037 (12/95)