

**ANNUAL REPORT
1995**

Florida E. Thornton
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 27 PM 3:15

DOCUMENT # 721994 (2)
1. Corporation Name
CHOCTAW BEACH FIRST BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address
**PERSIMMON ST
ROUTE BOX 128J4
FREEPORT FL 32439
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/03/1971** 3a. Date of Last Report **07/19/1994**
4. FEI Number **59-6503118** 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country
24 25 29 30

9. Name and Address of Current Registered Agent

**TURNER, TRACY
JUNIPER ST.
RT. 1 BOX 128C
FREEPORT FL 32439**

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 **Tracy Turner**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE **2/19/95**

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KELLY, MAX A
STREET ADDRESS 14580 HWY. 20 W.
CITY-ST-ZIP NICEVILLE FL
TITLE D
NAME OVERTON, KLANA
STREET ADDRESS ROUTE ONE
CITY-ST-ZIP FREEPORT FL
TITLE TD
NAME BATES, DANIEL W
STREET ADDRESS RT. 1 BOX 125 N/A
CITY-ST-ZIP FREEPORT FL
TITLE VD
NAME TURNER, ROBERT
STREET ADDRESS ROUTE 1 BOX 128C
CITY-ST-ZIP FREEPORT FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 110.07(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:

7/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MAX A KELLY

2-15-95 **304 597-412**
(Date) (Filing Number)