

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

JAN 26 1995

DOCUMENT # 724564 (0)

1. Corporation Name

FIRST BAPTIST CHURCH OF PALM RIVER, INC.



Principal Place of Business

Mailing Address

5415 PALM RIVER ROAD
TAMPA FL 33619

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TAMPA FL 33619

3. Date Incorporated or Qualified
10/17/1972

3a. Date of Last Report
02/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-6513401

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARK, RICHARD
7416 CELESTE LANE
TAMPA FL 33619

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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	PD	<input type="checkbox"/> DELETE
NAME	SKIPPER, JERRY	
STREET ADDRESS	3210 S 70 ST.	
CITY - ST - ZIP	TAMPA FL	
TITLE	RA	<input type="checkbox"/> DELETE
NAME	CLARK, RICHARD	
STREET ADDRESS	7416 CELESTE LANE	
CITY - ST - ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CLARK, VIRGIL	
STREET ADDRESS	2010 WISHING WELL WAY	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMYER, CHARLIE	
STREET ADDRESS	711 PAPAYA DR.	
CITY - ST - ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROBERTSON, LEO	
STREET ADDRESS	7420 MINT JULEP DR.	
CITY - ST - ZIP	RIVERVIEW FL 33569	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Leo Robertson Treasurer LEO G ROBERTSON Treasurer 813-621-2058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)