FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1995 JAN 27 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 734674 (5)

1. Corporation Name

SIMMONS FULL GOSPEL BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
STATE ROAD 318 P.O. BOX 33 CITRA FL 32113-0033	STATE ROAD 318 P.O. BOX 33 CITRA FL 32113-0033

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1975
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2246965 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MCMILLAN, FRANCES
3580 NE 160TH LANE
~~P.O. BOX 122~~
CITRA FL 32113

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☑ Change ☑ Addition
NAME	MATCHETT, RUSSELL	1.2 NAME	DEVEN HORNE
STREET ADDRESS	RT. 4 BOX 7640	1.3 STREET ADDRESS	9125 NE 30TH AVE
CITY-ST-ZIP	CITRA FL	1.4 CITY-ST-ZIP	ANTHONY, FL 32617
TITLE	ST	2.1 TITLE	D ☐ Change ☑ Addition
NAME	MCMILLAN, FRANCES	2.2 NAME	PATRICIA MATCHETT
STREET ADDRESS	P.O. BOX 122 N/A	2.3 STREET ADDRESS	28521 NE 110TH CT BOX 413
CITY-ST-ZIP	CITRA FL	2.4 CITY-ST-ZIP	ORANGE SPRINGS, FL 32182
TITLE	DST DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MCMILLAN, FRANCES	3.2 NAME	
STREET ADDRESS	3580 NE 160TH LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	CITRA FL	3.4 CITY-ST-ZIP	
TITLE	D DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MEREDITH, LINDA D.	4.2 NAME	
STREET ADDRESS	STAR RT 1 BOX 108	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	4.4 CITY-ST-ZIP	
TITLE	D DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MEDRITH, DORRIS	5.2 NAME	
STREET ADDRESS	STAR RT. 1 BOX 108	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	WILMA NELSON	6.2 NAME	
STREET ADDRESS	RTE 1 BOX 315	6.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE, FL 32640	6.4 CITY-ST-ZIP	SEC 1-30-15

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)(i), 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: Frances McMillan (FRANCES McMILLAN) 1-23-95 904-595-5511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023212