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 # 736746 (9)

1. Corporation Name

SANTA FE RIVER BAPTIST ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2630 NW 39TH AVENUE GAINESVILLE FL 32605-9269	2630 NW 39TH AVENUE GAINESVILLE FL 32605-9269

3. Date Incorporated or Qualified: 09/02/1976
3a. Date of Last Report: 01/26/1995

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

4. FEI Number: 59-1704225 ☐ 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

BOWN, AUSE, ESQUIRE
4010 NEWBERRY ROAD, SUITE F
PLAZA WEST
GAINESVILLE FL 32607

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 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	S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, LOTI		1.2 NAME		
STREET ADDRESS	2845 N W 32ND ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 00000		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE	P	☐ Change ☑ Addition
NAME	COYLE, JIMMY L		2.2 NAME	Turlington, Carl	
STREET ADDRESS	2630 N.W. 39 AVE.		2.3 STREET ADDRESS	1936 NW 51 St	
CITY-ST-ZIP	GAINESVILLE FL 32605		2.4 CITY-ST-ZIP	Gainesville, Fl 32605	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, FRANK W.		3.2 NAME		
STREET ADDRESS	2845 NW 32ND ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 00000		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SAPP, BRENDA A.		4.2 NAME		
STREET ADDRESS	4200 N.W. 39TH AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LONG, HOWARD L.		5.2 NAME		
STREET ADDRESS	RT. 2 BOX 52		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEWBERRY FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, AUSE		6.2 NAME		
STREET ADDRESS	4010 NEWBERRY RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Loti Phillips Loti Phillips 2/8/96 352-373-5030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #