

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 # **748336** (5)
1. Corporation Name
FIRST BAPTIST CHURCH OF LUTZ, LUTZ BAPTIST HOLDING CORPORATION, INC.



Principal Place of Business: 18116 US HWY 41 NORTH LUTZ FL 33549
Mailing Address: 18116 US HWY 41 NORTH LUTZ FL 33549

3. Date Incorporated or Qualified: **08/02/1979**
3a. Date of Last Report: **03/16/1995**
4. FEI Number: **59-0838088**
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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANCOCK, GENE
18416 TIMBERLAN DR
LUTZ FL 33549

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

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	HANCOCK, GENE	
STREET ADDRESS	18416 TIMBERLAN DR	
CITY-ST-ZIP	LUTZ FL	
TITLE	VD	<input type="checkbox"/>
NAME	HABER, LEE	
STREET ADDRESS	16811 STANZA CT.	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/>
NAME	MOORE, SALLY	
STREET ADDRESS	17902 HANNA RD.	
CITY-ST-ZIP	LUTZ, FL 00000	
TITLE	TD	<input type="checkbox"/>
NAME	MEID, ED	
STREET ADDRESS	18305 CYPRESS COVE RD.	
CITY-ST-ZIP	LUTZ, FL 00000	
TITLE	D	<input type="checkbox"/>
NAME	HALL, JIM	
STREET ADDRESS	18306 SWAN LAKE DR.	
CITY-ST-ZIP	LUTZ FL	
TITLE	M	<input type="checkbox"/>
NAME	NALLS, HAZEL	
STREET ADDRESS	908 TOMLINSON DR.	
CITY-ST-ZIP	LUTZ FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: Gene Hancock DATE: 4/25/96 DAYTIME PHONE: 813-949-4248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)