

**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 # 748701 (0)**  
1. Corporation Name  
**THE FIRST BAPTIST CHURCH OF PALMETTO, INC.**



Principal Place of Business  
**1020 - 4TH STREET W  
PALMETTO FL 34221  
US**

Mailing Address  
**P.O. BOX 426  
PALMETTO FL 34220  
US**

3. Date Incorporated or Qualified  
**08/29/1979**

3a. Date of Last Report  
**02/14/1995**

4. FEI Number  
**59-0766975**

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

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent  
**HERBERT, ARTHUR L  
1020 4TH STREET WEST  
PALMETTO FL 34221**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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 617.0603, Florida Statutes.

SIGNATURE *[Signature]* *[Signature]* **4-24-96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WITT, RON</b>	
STREET ADDRESS	<b>704-23RD AVE. W.</b>	
CITY-ST-ZIP	<b>PALMETTO FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BAKER, PHILL</b>	
STREET ADDRESS	<b>902 16TH AVE W</b>	
CITY-ST-ZIP	<b>PALMETTO FL</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>VARNADORE, DONALD</b>	
STREET ADDRESS	<b>1514 4TH ST W</b>	
CITY-ST-ZIP	<b>PALMETTO FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>PURVIS, PAT</b>	
STREET ADDRESS	<b>1913-5TH ST., W.</b>	
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>THOMAS, LOUIS</b>	
STREET ADDRESS	<b>P O BOX 906</b>	
CITY-ST-ZIP	<b>PALMETTO FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>CD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>Virgil Mills</b>	
13 STREET ADDRESS	<b>322 Sally Lee Dr.</b>	
14 CITY-ST-ZIP	<b>Ellenton, FL 34222</b>	
21 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>Jim Boyd</b>	
23 STREET ADDRESS	<b>2121 21st St. W.</b>	
24 CITY-ST-ZIP	<b>Palmetto, FL 34221</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 and changed or on an attachment with an address.

SIGNATURE: *[Signature]* **Virgil Mills** **4/24/96** **(941) 222-4254**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)