

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 # 749907 (2)

1. Corporation Name

ROCKLEDGE BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

**3420 MURRELL ROAD
ROCKLEDGE FL 32955**

**3420 MURRELL ROAD
ROCKLEDGE FL 32955**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

29

9. Name and Address of Current Registered Agent

**RHODES, DAVID
814 PINE SHADOWS AVE.
ROCKLEDGE FL 32955**

3. Date Incorporated or Qualified

11/27/1979

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2470805

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

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

TITLE ☐ DELETE

NAME **PD
RHODES, DAVID**
STREET ADDRESS **814 PINE SHADOWS AVE.**
CITY-STATE-ZIP **ROCKLEDGE, FL 00000**

TITLE ☐ DELETE

NAME **D
MANSUR, JOHN**
STREET ADDRESS **4195 SPARROW HAWK RD**
CITY-STATE-ZIP **MELBOURNE FL**

TITLE ☒ DELETE

NAME **D
TAYLOR, ROBERT**
STREET ADDRESS **455 SNUG HARBOR DRIVE**
CITY-STATE-ZIP **MERRITT ISLAND FL**

TITLE ☐ DELETE

NAME **T
WRIGHT, MICHAEL G**
STREET ADDRESS **849 RAIN TREE AVENUE**
CITY-STATE-ZIP **ROCKLEDGE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **D
Seawright, Bill**
1.3 STREET ADDRESS **458 Seahorse Ln**
1.4 CITY-STATE-ZIP **Cocoa, FL 32927**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **S
Milligan, Marty**
2.3 STREET ADDRESS **991 Bellaire Lane**
2.4 CITY-STATE-ZIP **Rockledge, FL 32955**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/96

407-636-3051

CR2E037 (12/95)