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 # **754431** **(5)**

1. Corporation Name

FIRST BAPTIST CHURCH MARKHAM WOODS, INC.

Principal Place of Business	Mailing Address
5400 MARKHAM WOODS ROAD LAKE MARY FL 32746-4012	5400 MARKHAM WOODS ROAD LAKE MARY FL 32746-4012

3. Date Incorporated or Qualified: 10/01/1980	3a. Date of Last Report: 04/14/1995
4. FEI Number: 59-2045956	☐ 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	

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

9. Name and Address of Current Registered Agent

DIEMER, JACK
5360 MCINTOSH POINT
SUITE 104
SANFORD FL 32773

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 _____ 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	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CHAMBERS, JOE SR.		1.2 NAME		
STREET ADDRESS	239 WASHINGTON AVE., P.O. 951194		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL 32746		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DIEMER, JACK		2.2 NAME		
STREET ADDRESS	5360 MCINTOSH PT. SUITE 104		2.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL 32773		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PARKER, GLORIA		3.2 NAME		
STREET ADDRESS	1701 FOUNTAINHEAD DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL 32746		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KING, PAUL		4.2 NAME		
STREET ADDRESS	1720 IVERNESS COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		4.4 CITY-ST-ZIP		
TITLE	2V	☐ DELETE	5.1 TITLE	2V	☒ Change ☐ Addition
NAME	~~DAVOLL, DENNIS~~		5.2 NAME	Brown, Sanford	
STREET ADDRESS	~~335 PINEVIEW STREET~~		5.3 STREET ADDRESS	908 S. Myrtle Avenue	
CITY-ST-ZIP	~~ALTAMONTE SPRINGS FL 32701~~		5.4 CITY-ST-ZIP	~~Sanford, Florida 32771~~	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Gloria Parker 4-22-96 407-333-2085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)