

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 # 760110 (7)

1. Corporation Name
FOWLERS BLUFF BAPTIST CHURCH, INC.



Principal Place of Business
**HIGHWAY 347 FOWLERS BLUFF
RT 1 BOX 1231 HWY 347
CHIEFLND FL 32626**

Mailing Address
**RT 1 BOX 1068
DRIFTERS WAY
CHIEFLND FL 32626
US**

3. Date Incorporated or Qualified **09/21/1981** 3a. Date of Last Report **01/23/1995**

2. Principal Place of Business
21 **4310 NW 152 Av.** 2a. Mailing Address
26 **15132 N.W. 46 LANE**

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 **Chiefland FL** 28 **Chiefland, FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

24 **32626** 25 **Levy** 29 **32626** 30 **Levy**

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

10. Name and Address of New Registered Agent

**MYRICK, EARL L.
RT 1 BOX 1068-DRIFTERS WAY
FOWLERS BLUFF
CHIEFLND FL 32626**

81 Name **SAME**
82 Street Address (P.O. Box Number is Not Acceptable)
15132 N.W. 46 LANE
83
84 City **Chiefland** FL 85 Zip Code **32626**

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 Earl L. Myrick, EARL L. MYRICK DATE 1/17/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TUMMOND, C.D.	
STREET ADDRESS	RT. 1 BOX N/A	
CITY-ST-ZIP	CHIEFLND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	OWEN, LEON	
STREET ADDRESS	RT 1 BOX 1037 HWY 347 N/A	
CITY-ST-ZIP	CHIEFLND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MYRICK, EARL L.	
STREET ADDRESS	RT 1 BOX 1068 DRIFTERS WAY	
CITY-ST-ZIP	CHIEFLND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANKS, BUTCH	
STREET ADDRESS	RT #1 BOX 1198 N/A	
CITY-ST-ZIP	CHIEFLND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
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 if changed, or on an attachment with an address.

SIGNATURE: Earl L. Myrick, EARL L. MYRICK DATE 1/17/96 904-493-2692

CR2E037 (12/95)