

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED  
95 APR 28 PM 7:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 766671 (2)**  
1. Corporation Name  
**FIRST FREE WILL BAPTIST CHURCH OF PALM BAY, INC.**

Principal Place of Business Mailing Address  
**1181 LAMPLIGHTER DR.  
PALM BAY FL 32907  
US** **1181 LAMP LIGHTER DR. NW  
PALM BAY FL 32907  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/24/1983** 3a. Date of Last Report **04/14/1994**  
4. FEI Number **59-3000044** 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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GATES, BENNIE  
432 EARL DR  
SATELLITE BCH FL 32937**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Rev. Bennie Gates*  
Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/23/95**

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	CHAPPELL, GARY
STREET ADDRESS	740 CHELSEA AVE. N.E.
CITY - ST - ZIP	PALM BAY FL
TITLE	VD
NAME	BAILES, BILL
STREET ADDRESS	1181 LAMPLIGHTER DR. NW.
CITY - ST - ZIP	PALM BAY FL
TITLE	VD
NAME	THOMPSON, BOBBY
STREET ADDRESS	1398 CINDY CIR NW
CITY - ST - ZIP	PALM BAY FL
TITLE	P
NAME	GATES, BENNIE
STREET ADDRESS	432 EARL DR
CITY - ST - ZIP	SATELLITE BCH FL
TITLE	D
NAME	BAILES, JOHN
STREET ADDRESS	1586 RAINESVILLE RD SE
CITY - ST - ZIP	PALM BAY FL
TITLE	V
NAME	NORTH, DEWEY
STREET ADDRESS	2220 ST. DUNSTON LANE
CITY - ST - ZIP	MELBOURNE, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>Delete</i>
2.3 STREET ADDRESS	<i>Bill Bailes - Deceased</i>
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(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: *R. D. Bennie Gates*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-95** **1407 984412**  
DATE (Typing Phone #)