SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 770005 (7)

1. Corporation Name
CONCORD BAPTIST CHURCH OF CHIEFLAND, INC.

Principal Place of Business	Mailing Address
RT 1. BOX 418. HWY 336 CHIEFLND FL 32626-9637	RT 1. BOX 418. HWY 336 CHIEFLND FL 32626-9637

3. Date Incorporated or Qualified: 08/29/1983
3a. Date of Last Report: 02/06/1995

2. Principal Place of Business — 21: 5551 N.W. County RD 336
22: Suite, Apt. #, etc.
23: City & State: Chiefland, Florida
24: Zip: 32626 — 25: Country: Levy

2a. Mailing Address — 26: 5551 N.W. County RD 336
27: Suite, Apt. #, etc.
28: City & State: Chiefland, Florida
29: Zip: 32626 — 30: Country: Levy

4. FEI Number: 59-2329614 ☐ 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

9. Name and Address of Current Registered Agent

CASON, LEO
ROUTE 5, BOX 626-56
RT. 4, BOX 626-56
CHIEFLND FL 32626

10. Name and Address of New Registered Agent

81 Name: Cason, Leo
82 Street Address (P.O. Box Number is Not Acceptable): 10771 N.W. 72nd Court
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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLEN, BOYCE RT 1, BOX 1277 CHIEFLND FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D John S. Webster P.O. Box 250 N/A Chiefland, Florida 32644	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CASON, LEO RT 4, BOX 626-56 CHIEFLND FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Doyle Mayhugh 2511 N.W. 74th Avenue Chiefland, Florida 32626	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOWNSEND, J.L. RT. 3, BOX 304 CHIEFLND FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Jack Quincey P.O. Box 157 N/A Chiefland, Florida 32644	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Leo Cason 10771 N.W. 72nd Court Chiefland, FL 32626	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	300001887883 -07/09/96--01104--000 ***61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (3/96)

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 REQUIRED LEO CASON 6/12/96 493-4014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003235