

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **770479** (4)

95 FEB -5 PM 12: 01

1. Corporation Name
MYRTLE LAKE BAPTIST HOLDING CO.

Principal Place of Business Mailing Address
2017 RIEGLER ROAD LAND O LAKES FL 34639

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/29/1983	3a. Date of Last Report 02/09/1994
4. FEI Number 59-2244542	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	29
25	30

9. Name and Address of Current Registered Agent
**SIMMONS, BOB
2017 RIEGLER ROAD
LAND O'LAKES FL 34639**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	CD
NAME	SIMMONS, BOB
STREET ADDRESS	22129 EAST LAKE LOOP
CITY - ST - ZIP	LAND O'LAKES FL 34639
TITLE	SD
NAME	LACKMANN, CONRAD
STREET ADDRESS	8009 OLA AVENUE
CITY - ST - ZIP	TAMPA FL 33604
TITLE	D
NAME	GRIFFITH, GEORGE M
STREET ADDRESS	22434 WEEKS BLVD
CITY - ST - ZIP	LAND O'LAKES FL 34639
TITLE	D
NAME	HUBBARD, MARY JANE
STREET ADDRESS	6449 COUNTRY CLUB DR
CITY - ST - ZIP	WESLEY CHAPEL FL 33544
TITLE	D
NAME	HUTSON, M D
STREET ADDRESS	18911 HANNA ROAD
CITY - ST - ZIP	LUTZ FL 33549
TITLE	D
NAME	STINSON, WILLIAM
STREET ADDRESS	7125 SPANISH MOSS LANE
CITY - ST - ZIP	BROOKSVILLE FL 34601

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	
2.3 STREET ADDRESS	
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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Larry Hess
5.3 STREET ADDRESS	2943 Lake Saxton Drive
5.4 CITY - ST - ZIP	Land O'Lakes, FL. 34639
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	Bill Wiggins
6.4 CITY - ST - ZIP	3437 Fallview Ct., Land O'Lakes, FL. 34639

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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bob Simmons, Chairman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-95 949-5516
DATE DAY/MONTH/YEAR