

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 # **770479** (4)

1. Corporation Name
MYRTLE LAKE BAPTIST HOLDING CO.



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

3. Date Incorporated or Qualified: **09/29/1983**
3a. Date of Last Report: **02/06/1995**
4. FEI Number: **59-2244542**
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, City & State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SIMMONS, BOB	
STREET ADDRESS	22129 EAST LAKE LOOP	
CITY-ST-ZIP	LAND O'LAKES FL 34639	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LACKMANN, CONRAD	
STREET ADDRESS	8009 OLA AVENUE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRIFFITH, GEORGE M	
STREET ADDRESS	22434 WEEKS BLVD	
CITY-ST-ZIP	LAND O'LAKES FL 34639	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUBBARD, MARY JANE	
STREET ADDRESS	6449 COUNTRY CLUB DR	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HESS, LARRY	
STREET ADDRESS	2943 LAKE SAXTON DRIVE	
CITY-ST-ZIP	LAND O'LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WIGGINS, BILL	
STREET ADDRESS	3437 FALLVIEW CT	
CITY-ST-ZIP	LAND O'LAKES FL	

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 checked="" type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	Patricia D. Stapp, 7805 Tallowtree Dr.
3.4 CITY-ST-ZIP	P.O. Box 7209, Wesley Chapel, FL. 33543
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	Kenneth Moore
4.4 CITY-ST-ZIP	3635 East Lake Dr., Land O'Lakes, FL. 34639
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 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: *Bob Simmons* CHAIRMAN *Bob* 2/4/96 (813) 949-5516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)