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Jan 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **N00288 (3)**  
1. Corporation Name  
**THE SOUTH BABCOCK STREET BAPTIST CHURCH, INC.**



Principal Place of Business Mailing Address  
**7415 BABCOCK STREET S.E.  
PALM BAY FL 32909** **7415 BABCOCK STREET S.E.  
PALM BAY FL 32909-5650**

3. Date Incorporated or Qualified **12/12/1983** 3a. Date of Last Report **02/16/1996**

21	2. Principal Place of Business	2a. Mailing Address	25	4. FEI Number	59-2355906	Applied For	Not Applicable
22	Suite, Apt #, etc.	Suite, Apt #, etc.	27	5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOURY, DENNIS  
1364 HAZEL ST. NW  
PALM BAY FL 32907**

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 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 **Jan 6, 1997**  
Signature, typed or printed name of registered agent. Use file if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOURY, DENNIS	1.2 NAME	
STREET ADDRESS	1364 HAZEL ST NW	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZIER, ROBERT R	2.2 NAME	
STREET ADDRESS	7425 BABCOCK ST.,S.E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	2.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D5 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOURY, GONE	3.2 NAME	Louvy Gone
STREET ADDRESS	573 PARKER RD	3.3 STREET ADDRESS	573 Parker Rd.
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	Melbourne FL.
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D1 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, RICHARD	4.2 NAME	Byer Raymond
STREET ADDRESS	663 CROTON RD	4.3 STREET ADDRESS	1053 Cello AVE NW
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	Palm Bay FL 32907
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANCEY, HUGH	5.2 NAME	
STREET ADDRESS	1122 W SABAL PALM LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	BAREFOOT BAY FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Dennis Loury **Dennis Loury** DATE: **Jan 6, 1997**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)