

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 # **N16362**

(8)

1. Corporation Name

ELIM BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

RT. 2 BOX 560
FT. WHITE FL 32038

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FT. WHITE FL 32038

3. Date Incorporated or Qualified
08/14/1986

3a. Date of Last Report
03/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State
Ft. White FL 32038

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILSON, ROY
RT 2 BOX 689
FT. WHITE FL 32038**

81 Name

J. Willie Martin

82 Street Address (P.O. Box Number is Not Acceptable)

Rt 3 Box 5707

83

84 City

Ft. White

FL

85

32038

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

J. Willie Martin

J. WILLIE MARTIN

2-28-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☒ DELETE
NAME	WILSON, ROY	
STREET ADDRESS	RET 2 BOX 689	
CITY-ST-ZIP	FT. WHITE FL	
TITLE	D	☐ DELETE
NAME	MARTIN, WILLIE	
STREET ADDRESS	RT. 2 BOX 572	
CITY-ST-ZIP	FT. WHITE FL	
TITLE	D	☐ DELETE
NAME	THOMPSON, HAROLD	
STREET ADDRESS	RT. 2 BOX 104	
CITY-ST-ZIP	FT. WHITE FL	
TITLE	T	☐ DELETE
NAME	HAWKINS, GWENDOLYN	
STREET ADDRESS	RT. 2 BOX 104	
CITY-ST-ZIP	FT. WHITE FL	
TITLE	S	☐ DELETE
NAME	PORTER, ANNIE L.	
STREET ADDRESS	RT. 2 BOX 87	
CITY-ST-ZIP	FT. WHITE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	D	☐ Change ☒ Addition
12 NAME	George Bradley	
13 STREET ADDRESS	P. O. Box 735 NA	
14 CITY-ST-ZIP	Ft. White, FL 32038	
21 TITLE	D	☒ Change ☐ Addition
22 NAME	J. Willie Martin	
23 STREET ADDRESS	Rt 3 Box 5707	
24 CITY-ST-ZIP	Ft. White, FL 32038	
31 TITLE	D	☒ Change ☐ Addition
32 NAME	Harold Thompson	
33 STREET ADDRESS	Rt 3 Box 3372	
34 CITY-ST-ZIP	Ft. White, FL 32038	
41 TITLE	T	☒ Change ☐ Addition
42 NAME	Gwendolyn Hawkins	
43 STREET ADDRESS	Rt 2 Box 5225	
44 CITY-ST-ZIP	Ft. White, FL 32038	
51 TITLE	S	☒ Change ☐ Addition
52 NAME	Annie L. Porter	
53 STREET ADDRESS	Rt 2 Box 4960	
54 CITY-ST-ZIP	Ft. White, FL 32038	
61 TITLE	4000017507	☐ Change ☐ Addition
62 NAME	-03/20/96--01038--003	
63 STREET ADDRESS	***61.25	
64 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:

J. Willie Martin

J. WILLIE MARTIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-96

5/19/96

CR2E037 (12/95)