

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

96 SEP -9 AM 10: 29

DOCUMENT # **N28997** (7)

1. Corporation Name
HILLCREST BAPTIST CHURCH OF MASCOTTE, FLORIDA, INC.



BK 9/16/96

Principal Place of Business Mailing Address
215 THOMAS STREET **215 THOMAS STREET**
P.O. BOX 186 **P.O. BOX 186**
MASCOTTE FL 34753 **MASCOTTE FL 34753**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	10/25/1988	07/03/1995
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip Country	28 Zip Country	NOT APPLICABLE	Not Applicable
24	29	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30	<input type="checkbox"/>	\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRINDROD, ROBERT LOUIS 5152 COVINGTON RD. MASCOTTE FL 34753	81 Name GRINDROD, ROBERT LOUIS CREWS, BRADLEY H.
	82 Street Address (P.O. Box Number is Not Acceptable) 4210 AG ROAD
	83
	84 City GROVELAND FL 85 Zip Code 34736

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 *Bradley H. Crews* (NOTE: Registered Agent signature required when reinstating) Date **8/28/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP GRINDROD, ROBERT LOUIS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRINDROD, ROBERT LOUIS	1.2 NAME	KENT ELDER
STREET ADDRESS	4152 COVINGTON RD.	1.3 STREET ADDRESS	2849 EMPIRE CHURCH ROAD
CITY - ST - ZIP	MASCOTTE FL	1.4 CITY - ST - ZIP	GROVELAND, FL 34736
TITLE	BALDWIN, WILLIAM <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDWIN, WILLIAM	2.2 NAME	
STREET ADDRESS	150 SUNSET STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	GROVELAND FL	2.4 CITY - ST - ZIP	
TITLE	DP CREWS, BRADLEY <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREWS, BRADLEY	3.2 NAME	DP CREWS, BRADLEY
STREET ADDRESS	4210 AG ROAD	3.3 STREET ADDRESS	4210 AG ROAD
CITY - ST - ZIP	GROVELAND FL	3.4 CITY - ST - ZIP	GROVELAND, FL 34736
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	100001951461
CITY - ST - ZIP		4.4 CITY - ST - ZIP	-09/19/96--01010--009
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	*****61.25 *****1.25
NAME		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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 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: *Bradley H. Crews* Date **8/5/96** (352) 394-2100 EXT 228
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BRADLEY H. CREWS

CR2E037 (3/96)