

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **N30113** (7)
1. Corporation Name
CORAL BAPTIST CHURCH, INC.

APPROVED AND FILED
MAY -1 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

C/O HERSCHEL CREASMAN
201 N. UNIVERSITY DR.
CORAL SPRINGS FL 33071-7323

C/O HERSCHEL CREASMAN
201 N. UNIVERSITY DR.
CORAL SPRINGS FL 33071-7323

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt # etc 26 Suite, Apt #, etc

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 25 Country 29 Country 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/10/1989** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2441363** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

HERSCHEL, CREASMAN
201 N. UNIVERSITY DRIVE
CORAL SPRINGS FL 33075-8788

10. Name and Address of New Registered Agent

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 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 _____ DATE _____

Signature, typed or printed name of registered agent and the date above. NOTE: Registered Agent signature required when transferring. DATE

12. OFFICERS AND DIRECTORS

111 TITLE	P
112 NAME	CREASMAN, HERSCHEL
113 STREET ADDRESS	201 N. UNIVERSITY DR.
114 CITY, ST, ZIP	CORAL SPRINGS FL
121 TITLE	V
122 NAME	PIPKIN, J. THOMAS
123 STREET ADDRESS	2800 N.W. 112TH AVENUE
124 CITY, ST, ZIP	CORAL SPGS. FL
131 TITLE	S
132 NAME	GAIL, JESSEE
133 STREET ADDRESS	4005 NW 72 AVE
134 CITY, ST, ZIP	CORAL SPRINGS FL
141 TITLE	D
142 NAME	SCHIAFONE, TED
143 STREET ADDRESS	133 SW 121 WAY
144 CITY, ST, ZIP	CORAL SPGS. FL
151 TITLE	D
152 NAME	HAIRE, BEN
153 STREET ADDRESS	6342 NW 14 COURT
154 CITY, ST, ZIP	MARGATE FL
161 TITLE	D
162 NAME	LEISHER, WAYNE
163 STREET ADDRESS	1700 RIVERWOOD LANE
164 CITY, ST, ZIP	CORAL SPRINGS FL

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

131 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
132 NAME	
133 STREET ADDRESS	
134 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	S Ernestine Joines
33 STREET ADDRESS	3575 Broken Woods Drive
34 CITY, ST, ZIP	Coral Springs, FL 33065
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	D Lewis Herron
43 STREET ADDRESS	2968 NW 103rd Lane
44 CITY, ST, ZIP	Coral Springs, FL 33065
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(b), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sara A. B. Myrland Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30323 (2)
 1. Corporation Name
GHOLSTON OUTREACH MINISTRY AND BIBLE STUDY, INC.

Principal Place of Business C/O CAREY GHOLSTON 4521 N.W. 178TH STREET CAROL CITY FL 33055	Mailing Address C/O CAREY GHOLSTON 4521 N.W. 178TH STREET CAROL CITY FL 33055
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/24/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0096670	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**GHOLSTON, CAREY
 4521 N.W. 178TH STREET
 CAROL CITY FL 33055**

10. Name and Address of New Registered Agent

B1. Name	
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3. City	
B4. State	B5. 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GHOLSTON, CAREY	12. NAME	
STREET ADDRESS	4521 NW 178TH STREET	13. STREET ADDRESS	
CITY, ST, ZIP	CAROL CITY FL	14. CITY, ST, ZIP	
TITLE	D	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GHOLSTON, SHERILEY	22. NAME	
STREET ADDRESS	4521 NW 178TH STREET	23. STREET ADDRESS	
CITY, ST, ZIP	CAROL CITY FL	24. CITY, ST, ZIP	
TITLE	D	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, PEARLIE	32. NAME	
STREET ADDRESS	4470 NW 201ST TERRACE	33. STREET ADDRESS	
CITY, ST, ZIP	CAROL CITY FL	34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		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)(b), Florida Statutes. I further certify that the information included 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 addendum with an address.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95 (305) 621-3371
 Initial Here

APPROVED AND FILED
 APR 18 1995
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA