

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 # N33065 (6)

1. Corporation Name
INDIGO LAKES BAPTIST CHURCH, INC.



Principal Place of Business: **950 WILLIAMSON BLVD. DAYTONA BEACH FL 32114-7131**
Mailing Address: **950 WILLIAMSON BLVD. DAYTONA BEACH FL 32114-7131**

3. Date Incorporated or Qualified: **06/29/1989**
3a. Date of Last Report: **06/19/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2958860		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		29	
Zip		Country		30		31	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOOFNAGLE, WILLIAM S
120 PEACHTREE CIR
DAYTONA BEACH 32114**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAWLS, BENJAMIN	1.2 NAME	
STREET ADDRESS	425 SILVER BCH DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL	1.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASTOR, ERNEST A.	2.2 NAME	
STREET ADDRESS	108 POINT O'WOODS DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOFNAGLE, WILLIAM	3.2 NAME	
STREET ADDRESS	120 PEACHTREE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPELAND, RICHARD F	4.2 NAME	
STREET ADDRESS	1131 LAKEWOOD PARK DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
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: Richard F. Copeland **Richard F. Copeland** 1/24/96 (704) 274-2129
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CF2E037 (12/95)