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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:09

DOCUMENT # N49906 (3)

1. Corporation Name
RUSSELL BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
2259 SANDRIDGE ROAD GREEN COVE SPRINGS FL 32043	2299 SANDRIDGE ROAD GREEN COVE SPRINGS FL 32043

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1992
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-1592810 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BAKER, RONALD L.
2299 SANDRIDGE ROAD
GREEN COVE SPRINGS FL 32043

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	GRIFFIN, CHARLES	1.2 NAME	
STREET ADDRESS	2723 POINSETTA	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HALEY, JOE	2.2 NAME	
STREET ADDRESS	514 HIGHLAND AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPGS. FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	LAMM, BOB	3.2 NAME	
STREET ADDRESS	208 S HIGHLAND AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPGS. FL	3.4 CITY-ST-ZIP	
TITLE	D (Delete)	4.1 TITLE	☐ Change ☐ Addition
NAME	MEEKS, WALTER D.	4.2 NAME	John Stewart
STREET ADDRESS	2688 HENLEY ROAD	4.3 STREET ADDRESS	4174 Everett Ave
CITY-ST-ZIP	GREEN COVE SPGS. FL	4.4 CITY-ST-ZIP	Green Cove Spgs, FL
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, WAYNE	5.2 NAME	
STREET ADDRESS	3594 ED'S COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPGS. FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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)(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: MARY JANE PAYNE Mary Jane Payne 1/31/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date
Ronald L Baker
Capacity / Status

0022062