ANNUAL REPORT
1995

Secretary of State
DIVISION OF CORPORATIONS

FILED
95 APR 20 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002901 (6)

1. Corporation Name
KENDRICK BAPTIST CHURCH, INC.

Principal Place of Business
3020 NW 62 AVE
OCALA FL 34475

Mailing Address
3020 NW 62 AVE
OCALA FL 34475

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/08/1984
3a. Date of Last Report:
4. FEI Number: 65-0506015 — Applied For / Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 3020 NW 62nd [redacted]
Suite, Apt. #, etc.
27 #
City & State
28 Ocala, FL
Zip 29 34475 Country 30 Marion

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
NESMITH, NAN B
3020 NW 62 AVE
OCALA FL 34475

10. Name and Address of New Registered Agent
81 Name: NeSmith, Nan B
82 Street Address (P.O. Box Number is Not Acceptable): 3020 NW 62nd Street
83
84 City: Ocala FL 85 Zip Code: 34475

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	MCRAE, DONALD	1.2 NAME	McRae, Donald
STREET ADDRESS	3020 NW 62 AVE	1.3 STREET ADDRESS	3020 NW 62nd [redacted]
CITY-ST-ZIP	OCALA FL 34475	1.4 CITY-ST-ZIP	Ocala, FL 34475
TITLE	S	2.1 TITLE	D ☐ Change ☐ Addition
NAME	NESMITH, NELL	2.2 NAME	NeSmith, Nell
STREET ADDRESS	2430 NW PINE AVE	2.3 STREET ADDRESS	2430 NW Pine Ave
CITY-ST-ZIP	OCALA FL 34475	2.4 CITY-ST-ZIP	Ocala, FL 34475
TITLE	T	3.1 TITLE	D ☐ Change ☐ Addition
NAME	NESMITH, CAROL D	3.2 NAME	NeSmith, Carol D
STREET ADDRESS	7385 SW 5 AVE	3.3 STREET ADDRESS	7385 SW 5th Ave
CITY-ST-ZIP	OCALA FL 34476	3.4 CITY-ST-ZIP	Ocala, FL 34476
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Carol D. NeSmith — 3-13-95 — (904) 237-2017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000343