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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **N94000003072 (5)**
1. Corporation Name
GREATER PINEY GROVE BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address
112 HUEY ST. WILDWOOD FL 34785 **112 HUEY ST. WILDWOOD FL 34785**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified **06/22/1994** 3a. Date of Last Report
4. FEI Number **59-2240974** 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. 189.002, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BRYANT, PAMELA K
112 HUEY ST.
WILDWOOD FL 34785**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CHANDLER, ARTHUR J
STREET ADDRESS	17475 N.W. 100TH AVE.
CITY - ST - ZIP	REDDICK FL 32686
TITLE	DT
NAME	GRAY, IVORY
STREET ADDRESS	P.O. BOX 137 (N/A)
CITY - ST - ZIP	WILDWOOD FL 34785
TITLE	D
NAME	GREENE, CHESTER
STREET ADDRESS	P.O. BOX 738 (N/A)
CITY - ST - ZIP	WILDWOOD FL 34785
TITLE	D
NAME	GREENE, LILLIE B
STREET ADDRESS	P.O. BOX 738 (N/A)
CITY - ST - ZIP	WILDWOOD FL 34785
TITLE	D
NAME	GARDNER, EDNA
STREET ADDRESS	P.O. BOX 1115 (N/A)
CITY - ST - ZIP	WILDWOOD FL 34785
TITLE	D
NAME	HARRISON, ANNIE L
STREET ADDRESS	P.O. BOX 1108 (N/A)
CITY - ST - ZIP	WILDWOOD FL 34785

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DT Gray, Ivory
23 STREET ADDRESS	P. O. Box 137 10594 CR-229
24 CITY - ST - ZIP	Wildwood, FL 34785 Oxford, FL 34484
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	D -Brooks, Jr. Rev. Nelson
33 STREET ADDRESS	P. O. Box 387 600 Oak Street
34 CITY - ST - ZIP	Wildwood, FL 34785
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	D Timmons, Albertis
43 STREET ADDRESS	P. O. Box 551 1000 Lee St. Apt. 4
44 CITY - ST - ZIP	Wildwood, FL 34785
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	D Mosley, Sharon
53 STREET ADDRESS	477 East C-462
54 CITY - ST - ZIP	Wildwood, FL 34785
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)(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: *Arthur J. Chandler* **ARTHUR J. CHANDLER 2-6-95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day, Month, Year)