

[Empty rectangular box]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

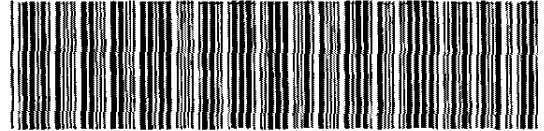
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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

COUNTY - 1 MAY 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000003072 (5)**

1. Corporation Name

GREATER PINEY GROVE BAPTIST CHURCH, INC.

1. Principal Place of Business

Mailing Address

112 HUEY ST
WILDWOOD FL 34785

112 HUEY ST.
WILDWOOD FL 34785

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/22/1994

3a. Date of Last Election

4. FEI Number

59-2240974

Approved For
Filing Applications

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 a tangible tax under S. 104, U.S.C.
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23

County

28

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRYANT, PAMELA K
112 HUEY ST.
WILDWOOD FL 34785**

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 607.0902 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 607.0905, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1-12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1-12	
TITLE	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANDLER, ARTHUR J	12 NAME	
STREET ADDRESS	17475 N.W. 100TH AVE.	13 STREET ADDRESS	
CITY, ST, ZIP	REDDICK FL 32686	14 CITY, ST, ZIP	
TITLE	DT	15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, IVORY	16 NAME	Gray, Ivory
STREET ADDRESS	P.O. BOX 137 (N/A)	17 STREET ADDRESS	P. O. Box 1317
CITY, ST, ZIP	WILDWOOD FL 34785	18 CITY, ST, ZIP	10594 CR-229 Wildwood, FL 34785 Oxford, FL 36484
TITLE	D	19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, CHESTER	20 NAME	Brooks, Jr. Rev. Nelson
STREET ADDRESS	P.O. BOX 738 (N/A)	21 STREET ADDRESS	P. O. Box 387 600 Oak Street
CITY, ST, ZIP	WILDWOOD FL 34785	22 CITY, ST, ZIP	Wildwood, FL 34785
TITLE	D	23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, ILLIE B	24 NAME	Timmons, Albertic
STREET ADDRESS	P.O. BOX 738 (N/A)	25 STREET ADDRESS	P. O. Box 554 1000 Lee St. Apt. 4
CITY, ST, ZIP	WILDWOOD FL 34785	26 CITY, ST, ZIP	Wildwood, FL 34785
TITLE	D	27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, EDNA	28 NAME	Wosley, Sharon
STREET ADDRESS	P.O. BOX 1115 (N/A)	29 STREET ADDRESS	477 East C-462
CITY, ST, ZIP	WILDWOOD FL 34785	30 CITY, ST, ZIP	Wildwood, FL 34755
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, ANNIE L	32 NAME	
STREET ADDRESS	P.O. BOX 1108 (N/A)	33 STREET ADDRESS	
CITY, ST, ZIP	WILDWOOD FL 34785	34 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(1)(p), 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 the officer or director, that I am an officer or director of the corporation or the receiver or trustee empowered to file 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 PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR