

**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 # N94000006001 (1)**

1. Corporation Name

**THE FLORIDA STATE ASSOCIATION OF FREE WILL BAPTIST  
STS, INCORPORATED**



Principal Place of Business

Mailing Address

**2156 54TH AVENUE  
VERO BEACH FL 32966**

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VERO BEACH FL 32966**

3. Date Incorporated or Qualified

**12/05/1994**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2386615**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

23. Zip

Country

28. Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRYANT, RANDALL REV.  
2156 54TH AVENUE  
VERO BEACH FL 32966**

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 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

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 **D**  DELETE  
NAME **CUTLER, LEROY REV.**  
STREET ADDRESS **10561 VILLNOVA RD.**  
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE **D**  Change  Addition  
1.2 NAME **Buser, Lonnie Rev.**  
1.3 STREET ADDRESS **5070 Rat Place**  
1.4 CITY-ST-ZIP **West Palm Beach, FL 33407**

TITLE **D**  DELETE  
NAME **OWEN, TIM REV.**  
STREET ADDRESS **5410 HWY 99**  
CITY-ST-ZIP **CENTURY FL**

2.1 TITLE **D**  Change  Addition  
2.2 NAME **Collins, Tom**  
2.3 STREET ADDRESS **2248 Palmview Circle**  
2.4 CITY-ST-ZIP **Auburndale, FL 33823**

TITLE **D**  DELETE  
NAME **BRYANT, RANDALL REV.**  
STREET ADDRESS **2156 54TH AVENUE**  
CITY-ST-ZIP **VERO BEACH FL**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D**  DELETE  
NAME **WIGGINS, R. C. REV.**  
STREET ADDRESS **7601 RAINES BLVD.**  
CITY-ST-ZIP **CENTURY FL**

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Randall Bryant*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**REV. RANDALL BRYANT**

1/29/96  
Date

407-567-1956  
Daytime Phone #

CR2E037 (12/95)