

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # **N95000005537 (4)**

1. Corporation Name

FIRST BAPTIST CHURCH OF ALTURAS, INC.



Principal Place of Business

Mailing Address

**7690 POINSETTIA AVENUE
ALTURAS FL 33820**

**P.O. BOX 38
ALTURAS FL 33820**

3. Date Incorporated or Qualified

11/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 7690 Poinsettia Av

26 P. O. Box 38

4. FEI Number

59-3389858

Applied For

Not Applicable

22 Suite, Apt #, etc

27 Suite, Apt #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23 City & State

28 City & State

23 Alturas, FL

28 Alturas, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

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

24 Zip

25 Country

29 Zip

30 Country

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

**NIGHTINGALE, TERESA A
545 AVENUE K, S.E.
WINTER HAVEN FL 33880**

81 Name

EVELYN HIELSCHER

82 Street Address (P.O. Box Number is Not Acceptable)

3rd St. and Oak Drive

83

84 City

Alturas

FL

85 Zip Code
33820

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

Evelyn Hielscher **Evelyn Hielscher**

8-5-96

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** ☒ DELETE
NAME **NIGHTINGALE, J. BURTON JR**
STREET ADDRESS **295 HERNANDO ROAD, S.E.**
CITY - ST - ZIP **WINTER HAVEN FL 33884**

TITLE **V** ☐ DELETE
NAME **SOWELL, ELON**
STREET ADDRESS **1010 STAR LAKE ROAD**
CITY - ST - ZIP **ALTURAS FL 33820**

TITLE **S** ☒ DELETE
NAME **MANGUS, JUDY**
STREET ADDRESS **610 AVENUE A, EAST**
CITY - ST - ZIP **WINTER HAVEN FL 33880**

TITLE **T** ☒ DELETE
NAME **HENDRIX, CHRIS**
STREET ADDRESS **315 E. CENTRAL AVENUE**
CITY - ST - ZIP **ALTURAS FL 33820**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE **P/Tr** ☒ Change ☐ Addition
1.2 NAME **ELON SOWELL**
1.3 STREET ADDRESS **1010 STAR LAKE RD**
1.4 CITY - ST - ZIP **ALTURAS, FL 33820**

2.1 TITLE **VP/Tr** ☐ Change ☒ Addition
2.2 NAME **CARL HIELSCHER**
2.3 STREET ADDRESS **2555 OAK DRIVE**
2.4 CITY - ST - ZIP **ALTURAS, FL 33820**

3.1 TITLE **S/T/Tr** ☐ Change ☒ Addition
3.2 NAME **TED SCHOBL**
3.3 STREET ADDRESS **8395 ALTURAS ROAD S**
3.4 CITY - ST - ZIP **ALTURAS, FL 33820**

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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:

Elon Sowell **ELON SOWELL** **8/5/96** **(407) 855-2121**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (3/96)