

FILE NOW: FILING FEE AFTER MAY 1-IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 15 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 735506

(8)

1. Corporation Name

EAST BAPTIST CHURCH OF DEFUNIAK SPRINGS, FLORIDA
, INC.

606

Principal Place of Business

RT 1 BOX N-597
DEFUNIAK SPRGS FL 32433

Mailing Address

RT 1 BOX N-597
DEFUNIAK SPRGS FL 32433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1976

3a. Date of Last Report

03/10/1994

4. FBI Number

59-1603625

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. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 910 BAY AVENUE

Suite, Apt. #, etc.

22 City & State

23 DEFUNIAK SPRINGS

Zip

24 32433

Country

2a. Mailing Address

26 910 BAY AVENUE

Suite, Apt. #, etc.

27 City & State

28 DEFUNIAK SPRINGS

Zip

29 32433

Country

30

9. Name and Address of Current Registered Agent

GRINER, FLOYD
RT. 8, BOX N1114
DEFUNIAK SPRGS FL 32433

10. Name and Address of New Registered Agent

81 Name

GRINER, FLOYD

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

121 SHERWOOD ROAD

83

84 City

DEFUNIAK SPRINGS

FL

85 Zip Code

32433

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

GRINER, FLOYD

STREET ADDRESS

RT. 8, BOX N 1114

CITY-ST-ZIP

DEFUNIAK SPRGS, FL 00000

TITLE

D

NAME

CARROLL, DONALD

STREET ADDRESS

RT. 6, BOX 50

CITY-ST-ZIP

DEFUNIAK SPRGS, FL 00000

TITLE

D

NAME

GRICE, JOHN

STREET ADDRESS

RT. 1, BOX N-605

CITY-ST-ZIP

DEFUNIAK SPRGS, FL 00000

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 110.07(3)(k), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

See Above signature

2-8-95

904-892-5361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone