

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 23 AM 9:10

DOCUMENT # 741230 (7)

1. Corporation Name

BIBLE BAPTIST CHURCH OF ORANGE PARK, INC.

Principal Place of Business

Mailing Address

**3060 MOODY ROAD
ORANGE PARK FL 32065
US**

**1380 BELLAIR BLVD.
P.O. BOX 607
ORANGE PARK FL 32073-3526
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1977

3a. Date of Last Report

01/20/1994

4. FEI Number

59-1785663

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

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
Fees Not Required

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

**FOWLER, PAUL C. JR.
1380 BELLAIR BLVD.
ORANGE PARK FL 32073**

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 607.0502 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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **CRIBB, JAMES C**
STREET ADDRESS **1701 PARK AVE., CLUSTER HALL**
CITY-ST-ZIP **ORANGE PARK, FL 00000**

TITLE **PD**
NAME **FOWLER, PAUL C JR**
STREET ADDRESS **1380 BELLAIR BLVD**
CITY-ST-ZIP **ORANGE PARK, FL 00000**

TITLE **D**
NAME **BOYER, ROBERT**
STREET ADDRESS **318 COTTONWOOD LANE**
CITY-ST-ZIP **ORANGE PARK FL**

TITLE **DS**
NAME **LYONS, J. R.**
STREET ADDRESS **1383 WOLFE STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **T**
NAME **LITZELMAN, GERALD G.**
STREET ADDRESS **440 JEFFERSON AVE**
CITY-ST-ZIP **ORANGE PARK, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **WILCOX, STUART J.**
1.3 STREET ADDRESS **3452 SHENANDOAH DR. W.**
1.4 CITY-ST-ZIP **ORANGE PARK FL 32065**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

4.1 TITLE **D/S** ☒ Change ☐ Addition
4.2 NAME **MICHAEL, CHARLES E.**
4.3 STREET ADDRESS **2649 ELBOW RD.**
4.4 CITY-ST-ZIP **ORANGE PARK FL 32073**

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 110.07(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: **Paul C. Fowler, Jr.** **PASTOR / JANUARY 17, 1995** **904-269-1413**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR