

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 701708 (0)

1. Corporation Name

THE FIRST BAPTIST CHURCH OF BUSHNELL INC.

FILED

95 JAN 25 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

125 W ANDERSON AVE
BUSHNELL FL 33513

125 W ANDERSON AVE
BUSHNELL FL 33513

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1960

3a. Date of Last Report

07/27/1994

4. FEI Number

59-1089791

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. 109.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACMILLAN, SHIRLEY
RT. 2 BOX 389
BUSHNELL FL 33513

B1 Name Macmillan, Shirley
B2 Street Address (P.O. Box Number is Not Acceptable)
9417 CR 657
B3
B4 City Bushnell FL B5 Zip Code 33513

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME THIES, MARGE
STREET ADDRESS 214 E. VERMONT AVE.
CITY-ST-ZIP BUSHNELL FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE SD
NAME MACMILLAN, SHIRLEY
STREET ADDRESS RT. 2 BOX 389
CITY-ST-ZIP BUSHNELL FL

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

SD
Macmillan, Shirley
9417 CR 657
Bushnell, FL 33513

Change Addition

TITLE D
NAME HARRISON, JULIAN
STREET ADDRESS 324 WEST DADE AVE
CITY-ST-ZIP BUSHNELL, FL 00000

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

Change Addition

TITLE D
NAME HAWKINS, RONNIE
STREET ADDRESS P. O. BOX 441 N/A
CITY-ST-ZIP BUSHNELL FL

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

Change Addition

TITLE D
NAME SHELNUIT, BERNARD
STREET ADDRESS P. O. BOX 636 N/A
CITY-ST-ZIP BUSHNELL, FL 00000

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

Change Addition

TITLE TD
NAME POOR, BRENDA
STREET ADDRESS ROUTE 2 BOX 111P N/A
CITY-ST-ZIP BUSHNELL, FL 00000

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

TD
Poor, Brenda
7987 CR 623
Bushnell, FL 33513

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 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:

Shirley Macmillan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/95

Date

813-744-8360

Telephone Number