

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 FEB 22 PM 4: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 705644 (3)

1. Corporation Name

**THE FIRST BAPTIST CHURCH, MARY ESTHER, FLORIDA,
INC.**

Principal Place of Business

Mailing Address

**20 NORTH STREET
P.O. BOX 184
MARY ESTHER FL 32569**

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P.O. BOX 184
MARY ESTHER FL 32569**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1963

3a. Date of Last Report

01/25/1994

4. FEI Number

59-1696431

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NISWANDER, CARL
336 KATHLEEN PLACE
FT. WALTON BEACH FL 32548**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME METZ, KARL
STREET ADDRESS 519 POCAHONTAS DRIVE
CITY- ST- ZIP FT. WALTON BEACH FL

11 TITLE
12 NAME
13 STREET ADDRESS 513 POCAHONTAS DRIVE
14 CITY- ST- ZIP

☒ Change ☐ Addition

TITLE SD
NAME WENTWORTH, MARILYN
STREET ADDRESS 241 S LORRAINE DRIVE
CITY- ST- ZIP MARY ESTHER, FL 00000

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE D
NAME NISWANDER, CARL
STREET ADDRESS 336 KATHLEEN PLACE
CITY- ST- ZIP FT WALTON BCH, FL 00000

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE PD
NAME BALE, CURTIS
STREET ADDRESS 620 STONEHENGE DRIVE
CITY- ST- ZIP MARY ESTHER, FL 00000

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE SD
NAME REAVIS, WENDY
STREET ADDRESS 133 NEWCASTLE CR.
CITY- ST- ZIP FT. WALTON BEACH FL

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE VD
NAME PENDER, JAMES
STREET ADDRESS 422 FLEETWOOD DR
CITY- ST- ZIP MARY ESTHER, FL 00000

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

☐ 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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Signature (Print #)