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 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003918 (9)

1. Corporation Name
BAYLESS HIGHWAY MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1279 COUNTY RD. 225 STARKE FL 32091	P.O. BOX 1279 COUNTY RD. 225 STARKE FL 32091

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1994
3a. Date of Last Report: N/A
4. FEI Number: 59-3049999 ☐ 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)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) County (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) County (30)

9. Name and Address of Current Registered Agent

COOPER, JOHN S
100 W. CALL ST.
STARKE FL 32091

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MORGAN, LEATON JR.	12 NAME	
STREET ADDRESS	P.O. BOX 1279, COUNTY RD. 225 N/A	13 STREET ADDRESS	
CITY ST ZIP	STARKE FL 32091	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ALTMAN, DONALD	22 NAME	
STREET ADDRESS	P.O. BOX 1279, COUNTY RD. 225 N/A	23 STREET ADDRESS	
CITY ST ZIP	STARKE FL 32091	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BLUME, JIMMY	32 NAME	
STREET ADDRESS	P.O. BOX 1279, COUNTY RD. 225 N/A	33 STREET ADDRESS	
CITY ST ZIP	STARKE FL 32091	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	WOODS, JOHNNY	42 NAME	
STREET ADDRESS	P.O. BOX 1279, COUNTY RD. 225 N/A	43 STREET ADDRESS	
CITY ST ZIP	STARKE FL 32091	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	JONES, KEITH	52 NAME	
STREET ADDRESS	P.O. BOX 1279, COUNTY RD. 225 N/A	53 STREET ADDRESS	
CITY ST ZIP	STARKE FL 32091	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	KELLY, H.B.	62 NAME	
STREET ADDRESS	P.O. BOX 1279, COUNTY RD. 225 N/A	63 STREET ADDRESS	
CITY ST ZIP	STARKE FL 32091	64 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)(i), 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: Kenneth M. Jones Builder 4-30-95 904-964-4211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

000318