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 APR 17 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **722009** **(8)**

1. Corporation Name

PASCO BAPTIST ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2246 417 W. CHURCH AVE. DADE CITY FL 33526	P.O. BOX 2246 417 W. CHURCH AVE. DADE CITY FL 33526

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1971
3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-2185515 — 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 XX — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

2. Principal Place of Business	2a. Mailing Address
21 18935 Michigan Ln.	26 P.O. Box 860
Suite, Apt. #, etc. 22 --	Suite, Apt. #, etc. 27
City & State 23 Land O'Lakes, FL	City & State 28 Land O'Lakes, FL
Zip / Country 24 34639 / 25 U.S.	Zip / Country 29 34639 / 30 U.S.

9. Name and Address of Current Registered Agent

ANNIS, JAMES B.
417 WEST CHURCH AVENUE
P.O. BOX 2246
DADE CITY FL 34297-9246

10. Name and Address of New Registered Agent

81 Name: Walton, Don R.
82 Street Address (P.O. Box Number is Not Acceptable): 18935 Michigan Ln.
83: P.O. Box 860
84 City: Land O'Lakes — FL — 85 Zip Code: 34639

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: Don Walton — 4/3/95
Signature, typed or printed name of registered agent (not 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	TD	11 TITLE		☐ Change ☐ Addition
NAME	HENRY, JAMES D.	12 NAME		
STREET ADDRESS	37067 JANET CIRCLE	13 STREET ADDRESS		
CITY-ST-ZIP	DADE CITY, FL 00000	14 CITY-ST-ZIP		
TITLE	S	21 TITLE	S	XX Change ☐ Addition
NAME	ANNIS, DOROTHY	22 NAME	Lippert, Dorothy	
STREET ADDRESS	417 W. CHURCH AVE.	23 STREET ADDRESS	11841 Bristol Ln.	
CITY-ST-ZIP	DADE CITY FL	24 CITY-ST-ZIP	New Port Richey, FL 34654	
TITLE	PD	31 TITLE	PD	XX Change ☐ Addition
NAME	WALTON, DON	32 NAME	Harness, Clytee	
STREET ADDRESS	12103 KATHERWOOD ST.	33 STREET ADDRESS	5615 Wesson Rd.	
CITY-ST-ZIP	SPRINGHILL FL	34 CITY-ST-ZIP	New Port Richey, FL 34655	
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	DUBOIS, JAMES J	42 NAME		
STREET ADDRESS	6025 BOYETTE RD	43 STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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: James D Henry — 4/11/95 — 904/521/4190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
James D. Henry

000233