FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 709914 (6)

1. Corporation Name
ASTATULA BAPTIST CHURCH, INCORPORATED

Principal Place of Business	Mailing Address
P.O. BOX 141 ASTATULA FL 34705-0141 US	13239 FLORIDA AVENUE ASTATULA FL 34705-0141 US

3. Date Incorporated or Qualified: 11/12/1965
3a. Date of Last Report: 01/23/1995
4. FEI Number: 59-6531138 ☐ 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
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 Country 25

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

9. Name and Address of Current Registered Agent

ALBERDING, DON
25829 CR 561
ASTATULA FL 34705

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE ______ NOTE: Registered Agent signature required when reinstating DATE ______

12 OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DOUG PARLIN		1.2 NAME		
STREET ADDRESS	25020 JEFFERSON STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	ASTATULA FL		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	EASLEY, DONNA		2.2 NAME		
STREET ADDRESS	460 POMELO AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOPPENSTEDT, CHARLOTTE		3.2 NAME		
STREET ADDRESS	13626 WOODLAND DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ASTATULA, FL 00000		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ALBERDING, DON		4.2 NAME		
STREET ADDRESS	25829 CR 561		4.3 STREET ADDRESS		
CITY-ST-ZIP	ASTATULA, FL 00000		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	HENRY NEWTON		5.2 NAME	LEON WALING	
STREET ADDRESS	25037 PATRICIA PLACE		5.3 STREET ADDRESS	13420 MARYLAND AVE	
CITY-ST-ZIP	ASTATULA, FL 00000		5.4 CITY-ST-ZIP	ASTATULA, FL 34705	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LEE, BRUCE		6.2 NAME		
STREET ADDRESS	25020 ADAMS STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	ASTATULA FL		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 119.07(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: Charlotte M. Hoppenstedt — 1-21-96 — 352-742-2212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)