

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 722349 (8)

1. Corporation Name

TOWN EAST BAPTIST CHURCH, INC.

Principal Place of Business

1055 RICHVIEW DRIVE
TALLAHASSEE FL 32301

Mailing Address

1055 RICHVIEW DRIVE
TALLAHASSEE FL 32301



3. Date Incorporated or Qualified
12/28/1971

3a. Date of Last Report
01/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-1978754

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANKINS, JIM
1055 RICHVIEW DRIVE
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HANKINS, JIMMIE
STREET ADDRESS 1055 RICHVIEW DR
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE V
NAME THOMPSON, RALPH
STREET ADDRESS 3317 WILDWOOD TRAIL
CITY-ST-ZIP TALLAHASSEE FL

☒ DELETE

TITLE D
NAME HOWARD, SCOTT
STREET ADDRESS 7545 OLD ST AUGUSTINE RD
CITY-ST-ZIP TALLAHASSEE FL

☒ DELETE

TITLE D
NAME HAMRICK, DAN
STREET ADDRESS 8291 BALMORAL DRIVE
CITY-ST-ZIP TALLAHASSEE FL

☒ DELETE

TITLE D
NAME MCMULLIAN, ANDY
STREET ADDRESS 1121 ROSEWOOD DRIVE
CITY-ST-ZIP TALLAHASSEE FL

☒ DELETE

TITLE TD
NAME MCSWEENEY, MICHAEL
STREET ADDRESS 5657 MAPLE FOREST DR
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JIM HANKINS

1/21/96

Date

904-878-4326

Daytime Phone #

CR2E037 (12/95)