

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 # 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

3. Date Incorporated or Qualified

08/08/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3049999

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

29

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MORGAN, LEATON JR.	
STREET ADDRESS	P.O. BOX 1279, COUNTY RD. 225 N/A	
CITY - ST - ZIP	STARKE FL 32091	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALTMAN, DONALD	
STREET ADDRESS	P.O. BOX 1279, COUNTY RD. 225 N/A	
CITY - ST - ZIP	STARKE FL 32091	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLUME, JIMMY	
STREET ADDRESS	P.O. BOX 1279, COUNTY RD. 225 N/A	
CITY - ST - ZIP	STARKE FL 32091	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOODS, JOHNNY	
STREET ADDRESS	P.O. BOX 1279, COUNTY RD. 225 N/A	
CITY - ST - ZIP	STARKE FL 32091	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, KEITH	
STREET ADDRESS	P.O. BOX 1279, COUNTY RD. 225 N/A	
CITY - ST - ZIP	STARKE FL 32091	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLY, H.B.	
STREET ADDRESS	P.O. BOX 1279, COUNTY RD. 225 N/A	
CITY - ST - ZIP	STARKE FL 32091	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Date

Daytime Phone #

4-18-96 964-4211

CR2E037 (12/95)