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FILED

Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35414 (4)

1. Corporation Name

FIRST BAPTIST CHURCH OF LAKE CITY, INC.

Principal Place of Business

206 E ORANGE ST
LAKE CITY FL 32055

Mailing Address

206 E ORANGE ST
LAKE CITY FL 32055-4021

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

11/27/1989

3a. Date of Last Report

02/14/1996

4. FEI Number

59-2990453

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

DAVIS, ROBERT K. JR
206 E ORANGE ST
LAKE CITY FL 32055

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	<input type="checkbox"/> DELETE
NAME	SCONYERS, HAROLD	
STREET ADDRESS	RT 6 BOX 379	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HINES, CHARLES	
STREET ADDRESS	P O BOX 2586 NA	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HENDRICKS, ALBERT	
STREET ADDRESS	RT 5 BOX 806 N/A	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VINZANT, VERNON	
STREET ADDRESS	RT 7 BOX 339 N/A	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KIRBY, JOANN	
STREET ADDRESS	1583 E. MONROE ST.	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PAUL, WILBUR	
STREET ADDRESS	RT 10 BOX 522	
CITY-ST-ZIP	LAKE CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Maxwell, David	
1.3 STREET ADDRESS	2722 Inglewood Drive	
1.4 CITY-ST-ZIP	Lake City, FL	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sconyers, Harold	
2.3 STREET ADDRESS	Rt. 6, Box 379 NA	
2.4 CITY-ST-ZIP	Lake City, FL	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hines, Charles	
3.3 STREET ADDRESS	PO Box 2586 NA	
3.4 CITY-ST-ZIP	Lake City, FL	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/97

Date

Daytime Phone # 0000606

CP2E037 (9/96)