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Apr 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32091-1279



3. Date Incorporated or Qualified
08/08/1994

3a. Date of Last Report
04/22/1996

4. FEI Number
59-3049999

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 ☐ DELETE
NAME MORGAN, LEATON JR.
STREET ADDRESS P.O. BOX 1279, COUNTY RD. 225 N/A
CITY-ST-ZIP STARKE FL 32091

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ALTMAN, DONALD
STREET ADDRESS P.O. BOX 1279, COUNTY RD. 225 N/A
CITY-ST-ZIP STARKE FL 32091

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME BLUME, JIMMY
STREET ADDRESS P.O. BOX 1279, COUNTY RD. 225 N/A
CITY-ST-ZIP STARKE FL 32091

3.1 TITLE Music Minister ☒ Change ☐ Addition
3.2 NAME Lawrence Winningham
3.3 STREET ADDRESS Rt 4 Box 873
3.4 CITY-ST-ZIP Starke, FL 32091

TITLE D ☐ DELETE
NAME WOODS, JOHNNY
STREET ADDRESS P.O. BOX 1279, COUNTY RD. 225 N/A
CITY-ST-ZIP STARKE FL 32091

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME JONES, KEITH
STREET ADDRESS P.O. BOX 1279, COUNTY RD. 225 N/A
CITY-ST-ZIP STARKE FL 32091

5.1 TITLE Discipleship Training ☒ Change ☐ Addition
5.2 NAME James Clemons
5.3 STREET ADDRESS Director
5.4 CITY-ST-ZIP Rt 2 Box 2055
Starke, FL 32091

TITLE D ☐ DELETE
NAME KELLY, H.B.
STREET ADDRESS P.O. BOX 1279, COUNTY RD. 225 N/A
CITY-ST-ZIP STARKE FL 32091

6.1 TITLE ☐ Change ☐ 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, in an attachment with an address.

SIGNATURE:

John B. Woods - Deacon

April 3, 1997 (904) 964-

CR2E037 (9/96)