

**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 # 700251 (2)  
1. Corporation Name  
FIRST BAPTIST CHURCH OF EATON PARK FLORIDA, INC



Principal Place of Business: 2633 EATON AVE, P.O. BOX 217, EATON PARK FL 33840  
Mailing Address: 2633 EATON AVE, P.O. BOX 217, EATON PARK FL 33840

3. Date Incorporated or Qualified: 12/28/1959  
3a. Date of Last Report: 02/01/1995  
4. FEI Number: 59-1974679  
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, Country  
24. Country  
25. Zip  
26. Mailing Address  
27. Suite, Apt. #, etc.  
28. City & State  
29. Zip, Country  
30. Country

9. Name and Address of Current Registered Agent  
RYALS, RICHARD E  
2633 EATON AVE  
P O BOX 217  
EATON PARK FL 33840

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
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: \_\_\_\_\_ (Print Name, Title, and Address of Registered Agent and Title of Applicant) (NOTE: Registered Agent Signatures are required when reappointing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	AIKEN, FLOYD	
STREET ADDRESS	3121 HUTCHINS ST, P O BOX 820	
CITY-ST-ZIP	EATON PARK FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MESSER, JAMES L.	
STREET ADDRESS	3045 FLETCHER AVE. P.O. BOX 372 N/A	
CITY-ST-ZIP	EATON PARK FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PETERSON, DONNA	
STREET ADDRESS	2008 LORI LANE WEST	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	Ron Lepriol	
13. STREET ADDRESS	3141 Down Heights Dr.	
14. CITY-ST-ZIP	Lakeland, FL 33801	
21. TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	Lannie Cruce	
23. STREET ADDRESS	3315 Timberline Road W.	
24. CITY-ST-ZIP	Winter Haven, FL 33880	
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. 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: *Lannie Cruce*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Lannie Cruce*

9-24-96  
941-394-9194  
Date Daytime Phone #

CR2E037 (12/95)