

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 12 AM 12:25

DOCUMENT # **700920** (2)  
1. Corporation Name  
**FIRST BAPTIST CHURCH OF GULF BREEZE, INC.**

Principal Place of Business Mailing Address  
**555 FAIRPOINT DRIVE GULF BREEZE FL 32561**      **555 FAIRPOINT DRIVE GULF BREEZE FL 32561**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/05/1960**      3a. Date of Last Report **02/22/1994**  
4. FEI Number **59-6018377**      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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent  
**TIMMONS, SIDNEY D  
405 LORUNA DR  
GULF BREEZE FL 32561**

10. Name and Address of New Registered Agent  
81 Name **John F. Register, Jr.**  
82 Street Address (P.O. Box Number is Not Acceptable) **2812 Oak Ridge Dr.**  
83 City **Gulf Breeze**  
84 City **FL** 85 Zip Code **32561**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0503, Florida Statutes.

SIGNATURE *John F. Register, Jr.* (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY - ST - ZIP  
B PFEIFER, RON E. 3203 BAY STREET GULF BREEZE, FL 32561  
PD TIMMONS, SIDNEY D 405 LORUNA DR GULF BREEZE, FL 00000  
SD TIMMONS, DAVE 1202 CATHLEEN CIRCLE GULF BREEZE, FL 00000  
D EUBANKS, RICHARD MARK 5021 SOUNDSIDE DRIVE GULF BREEZE, FL 00000  
D WISE, FLOYD W 108 NORWICH DR GULF BREEZE FL  
D SPEED, HOWARD G. 422 FAIR POINT DR. GULF BREEZE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP  
21 TITLE  Change  Addition  
22 NAME **John F. Register, Jr.**  
23 STREET ADDRESS **2812 Oak Ridge Dr.**  
24 CITY - ST - ZIP **Gulf Breeze, FL 32561**  
31 TITLE  Change  Addition  
32 NAME **Tom Carter**  
33 STREET ADDRESS **141 Highpoint Dr.**  
34 CITY - ST - ZIP **Gulf Breeze, FL 32561**  
41 TITLE  Change  Addition  
42 NAME **Bill Bulla**  
43 STREET ADDRESS **1335 Sterling Pt. Dr.**  
44 CITY - ST - ZIP **Gulf Breeze, FL 32561**  
51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  
61 TITLE  Change  Addition  
62 NAME **John Swindell**  
63 STREET ADDRESS **331 Andrew Jackson Trail**  
64 CITY - ST - ZIP **Gulf Breeze, FL 32561**

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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement(s) 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 in an addendum with an address.

SIGNATURE: *John F. Register, Jr.* John F. Register, Jr. 3-15-95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)