

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 # 701803 (9)

1. Corporation Name

CAROL ESTATES BAPTIST CHURCH INC



Principal Place of Business

Mailing Address

**2020 N E 15TH STREET
GAINESVILLE FL 32609**

**2020 N E 15TH STREET
GAINESVILLE FL 32609**

3. Date Incorporated or Qualified

12/16/1960

3a. Date of Last Report

03/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-6032860

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

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

24

25

Country

29

30

Country

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

**LABOY, JOYCE M.
39 N.W. 39TH AVE., LOT 143
GAINESVILLE FL 32609**

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 ☐ DELETE

**D
NAME
GUNTER, EMANUEL
STREET ADDRESS
1019 NW 30TH AVENUE
CITY-ST-ZIP
GAINESVILLE FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D
NAME
BURNS, THOMAS V. (JR)
STREET ADDRESS
2001 N.E. 17TH TERR.
CITY-ST-ZIP
GAINESVILLE FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D
NAME
SWEAT, JIMMY L JR.
STREET ADDRESS
5110 NW 34TH TERR.
CITY-ST-ZIP
GAINESVILLE FL 32605**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**T
NAME
LABOY, JOYCE, M
STREET ADDRESS
39 NW 39TH LOT 143
CITY-ST-ZIP
GAINESVILLE FL**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

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 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:

Joyce M. Laboy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joyce M Laboy 3-10-96

Date

352-372-4263

Daytime Phone #

CR2E037 (12/95)