

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 # 702346 (8)

1. Corporation Name

BONNY BAPTIST CHURCH INC



Principal Place of Business

**302 LONGFELLOW BLVD.
LAKELAND FL 33801**

Mailing Address

**302 LONGFELLOW BLVD.
LAKELAND FL 33801**

3. Date Incorporated or Qualified

04/27/1961

3a. Date of Last Report

04/05/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NIX, NEWTON
1029 PENN AVENUE
LAKELAND FL 33801**

81. Name

Bill Hagan

82. Street Address (P.O. Box Number is Not Acceptable)

735 Lake Agnes Drive

83

84

City **Polk City**

FL

85. Zip Code **33868**

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 state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME ☐ DELETE

**PD
KEIM RUSSELL
1024 EATON CT. P.O. BOX 892
EATON PARK FL 33840**

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

TITLE NAME ☒ DELETE

**STD
OTTENHAUSEN, L
1718 MOOSE DRIVE
LAKELAND, FL 00000**

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

TITLE NAME ☐ DELETE

**V/D
FENNELL, CONNOR M.
527 BERKNOR DRIVER
LAKELAND FL 33801**

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP ☒ Change ☐ Addition

TITLE NAME ☐ DELETE

STREET ADDRESS CITY - ST - ZIP

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

TITLE NAME ☐ DELETE

STREET ADDRESS CITY - ST - ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE NAME ☐ DELETE

STREET ADDRESS CITY - ST - ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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:

Connor M. Fennell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-1996

441-665-3935

Date

Daytime Phone #

CR2E037 (12/95)