

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

302 LONGFELLOW BLVD.  
LAKELAND FL 33801302 LONGFELLOW BLVD.  
LAKELAND FL 33801-24233. Date Incorporated or Qualified  
04/27/19613a. Date of Last Report  
01/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-0998190

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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

HAGEN, BILL  
735 LAKE AGNES DRIVE  
POLK CITY FL 33868

81 Name

Don Johnson

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

452 Southern Avenue

83

84 City

Lakeland

FL

85 Zip Code  
33801

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

Don Johnson, Vice-President

2-3-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                             |                                            |
|----------------|-----------------------------|--------------------------------------------|
| TITLE          | PD                          | <input type="checkbox"/> DELETE            |
| NAME           | KEIM RUSSELL                |                                            |
| STREET ADDRESS | 1024 EATON CT. P.O. BOX 892 |                                            |
| CITY-ST-ZIP    | EATON PARK FL 33840         |                                            |
| TITLE          | SD                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | PEPPER, PAT                 |                                            |
| STREET ADDRESS | 1209 PLEASANT PL            |                                            |
| CITY-ST-ZIP    | LAKELAND FL                 |                                            |
| TITLE          | TD                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | FENNELL, CONNOR             |                                            |
| STREET ADDRESS | 527 BERKNOR DR.             |                                            |
| 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    |                             |                                            |

|                    |                     |                                                                              |
|--------------------|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | PD                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | Russell Keim        |                                                                              |
| 1.3 STREET ADDRESS | 2774 Gale Rose Dr.  |                                                                              |
| 1.4 CITY-ST-ZIP    | Lakeland FL 33805   |                                                                              |
| 2.1 TITLE          | SD                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | Anne Roberts        |                                                                              |
| 2.3 STREET ADDRESS | 2319 Broadway       |                                                                              |
| 2.4 CITY-ST-ZIP    | Lakeland, FL 33801  |                                                                              |
| 3.1 TITLE          | TD                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | Russell Keim        |                                                                              |
| 3.3 STREET ADDRESS | 2774 Gale Rose Dr.  |                                                                              |
| 3.4 CITY-ST-ZIP    | Lakeland, FL 33805  |                                                                              |
| 4.1 TITLE          | JD                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | Don Johnson         |                                                                              |
| 4.3 STREET ADDRESS | 452 Southern Avenue |                                                                              |
| 4.4 CITY-ST-ZIP    | Lakeland, FL 33801  |                                                                              |
| 5.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                     |                                                                              |
| 5.3 STREET ADDRESS |                     |                                                                              |
| 5.4 CITY-ST-ZIP    |                     |                                                                              |
| 6.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-97

Date

941-665-8164

Daytime Phone # 0052452

CR2E037 (9/96)