FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 702951 (5)

1. Corporation Name
IMMANUEL BAPTIST CHURCH OF PACE, FLORIDA, INC.

Principal Place of Business	Mailing Address
4187 HWY 90 MILTON FL 32571	4187 HWY 90 MILTON FL 32571

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1961
3a. Date of Last Report: 01/24/1994
4. FEI Number: NOT APPLICABLE ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

TAYLOR, REV. DAVID L.
5495 ROWE TRAIL
PACE FL 32571

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5931 CURTIS RD
83
84 City: FL 85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	T	☒ Change ☐ Addition
NAME	OTIS, BEN C.	1.2 NAME		
STREET ADDRESS	4960 CREEKSIDE LANE	1.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL 32570	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	S	☒ Change ☐ Addition
NAME	BUTLER, JIMMIE	2.2 NAME		
STREET ADDRESS	RT.2, BOX 270A	2.3 STREET ADDRESS	3421 SMYER DRIVE	
CITY-ST-ZIP	MILTON, FL 00000	2.4 CITY-ST-ZIP	PACE, FL 32571	
TITLE	S	3.1 TITLE	Tr	☒ Change ☐ Addition
NAME	WILLIAMS, ELOISE	3.2 NAME	BARROW, DAVID	
STREET ADDRESS	5151 DEL FUEGO AVE.	3.3 STREET ADDRESS	5683 TWIN CREEK CIRCLE	
CITY-ST-ZIP	MILTON, FL 00000	3.4 CITY-ST-ZIP	PACE, FL 32571	
TITLE	TD	4.1 TITLE	P	☒ Change ☐ Addition
NAME	MAYHALL, WESLEY	4.2 NAME		
STREET ADDRESS	110 LOOP ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 00000	4.4 CITY-ST-ZIP	32570	
TITLE	P	5.1 TITLE		☒ Change ☐ Addition
NAME	ROBERSON, K G	5.2 NAME	Tr	
STREET ADDRESS	122 LIVE OAK LANE	5.3 STREET ADDRESS	BROOKS, BILL	
CITY-ST-ZIP	MILTON, FL 00000	5.4 CITY-ST-ZIP	5418 HOLLOW OAK LANE PACE, FL 32571	
TITLE		6.1 TITLE	Tr	☐ Change ☒ Addition
NAME		6.2 NAME	JOHNSON, DAVID	
STREET ADDRESS		6.3 STREET ADDRESS	4669 GREG AVENUE	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PACE, FL 32571	

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)(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: _____ 4/19/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007E347