

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 # **702951** (5)
1. Corporation Name
IMMANUEL BAPTIST CHURCH OF PACE, FLORIDA, INC.



Principal Place of Business
**4187 HWY 90
MILTON FL 32571**

Mailing Address
**4187 HWY 90
MILTON FL 32571**

3. Date Incorporated or Qualified
09/28/1961

3a. Date of Last Report
05/01/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		NOT APPLICABLE		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23 Pace FL		28 Pace FL					
Zip		Zip					
24		29					
Country		Country					
25		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	HANSEN, Rev. William F.
82 Street Address (P.O. Box Number is Not Acceptable)	5161 HAMILTON LN
83	
84 City	Pace FL
85 Zip Code	32571

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 **Rev. William F. Hansen** *[Signature]* **2-19-96**
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	T <input checked="" type="checkbox"/> DELETE	1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OTIS, BEN C.	1.2 NAME	HORN, RAY
STREET ADDRESS	4960 CREEKSIDE LANE	1.3 STREET ADDRESS	2760 Tunnel Road
CITY-ST-ZIP	MILTON FL	1.4 CITY-ST-ZIP	Pace, FL 32571
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, JIMMIE	2.2 NAME	
STREET ADDRESS	3421 SMYER DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	Pace FL	2.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARROW, DAVID	3.2 NAME	
STREET ADDRESS	5683 TWIN CREEK CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	Pace FL	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	Pace, FL 32571
TITLE	TR <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, BILL	5.2 NAME	
STREET ADDRESS	5418 HOLLOW OAK LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	Pace FL	5.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DAVID	6.2 NAME	
STREET ADDRESS	4669 GREG AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	Pace FL	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: *[Signature]* **3-6-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (12/95)