FILE NOW: FILING FEE IS \$61.25

NONPROCIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State * *

DIVISION OF CORPORATIONS

DOCUMENT #	702969
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(7)

THE FIRST BAPTIST CHURCH OF COLEMAN, INC.

Principal Place of Business 1512 CENTRAL AVENUE P.O. BOX 421 COLEMAN FL 33521	Mailing Address P.O. BOX 421 1512 CENTRAL AVENU COLEMAN FL 33521	JE			
US	US			3. Date Incorporated or Qualified 10/04/1961	3a. Date of Last Report 04/24/1995
2. Principal Place of Business	2a. Mailing Address 26			4. FEI Number 59-2350251	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.			39 2330231	Not Applicable
22	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing	\$5.00 May Po
Zip Country	28			Trust Fund Contribution	Added to Fees
24 25	Zip 29	Country 30		8. This corporation has liability for interest.	
9. Name and Address of Current		1301		Florida Statutes 10. Name and Address of New Reg	Yes No
		81	Name	To. Hame and Address of Item Neg	Jistered Agent
HOLDEN, LINDA		7-2-			
4766 CR 118		82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
WILDWOOD FL 34785		83			
		84	Cia.		
			City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 617,0502 or registered agent, or both, in the State of Florid familiar with, and accept the obligations of Sections SIGNATURE	and 617.1508, Florida Statut a. Such change was authoriz n 617.0503, Florida Statutes	es, the above-red by the corp	amed corpor oration's boar	rd of directors. I hereby accept the appoint	se of changing its registered office tment as registered agent. I am
Signature, typed or printed name of registered agent a	nd title if applicable. (NC	TE: Registered Agen	t signature required	d when reinstating)	DATE
12. OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE I LIGHT LINES	DELETE	1.1 THTLE			Change Addition
NAME HOLDEN, LINDA STREET ADDRESS 4766 CR 118		1.2 NAME			
UNI DIVIOOD EI		1.3 STREET	ADDRESS		
TITLE PD	DELETE	1.4 CITY-S	-ZIP		
NAME WADE, FRANK		2.1 THILE			☐ Change ☐ Addition
STREET ADDRESS N MIZELL STREET		2.2 NAME			
CITY-ST-ZIP COLEMAN FL		2.3 STREET			
TITLE D	DELETE	2. 4 CITY - S 3 1 TITLE			
NAME COLVIN, FRANK	and Victoria	3.2 NAME	٠		Change
STREET ADDRESS US 301		3.3 STREET	ADDRESS		
CITY-ST-ZIP COLEMAN FL		3.4. CITY-S	1		
TITLE	DELETE	4.1 TITLE		SOOOA	Change
NAME		4. 2 NAME		50000180 04/30/96 -0102	U (\$15°
STREET ADDRESS		4.3 STREET	ADDRESS	***61.25	6023
CITY-ST-ZIP		4.4 CITY-ST	- ZIP -		
TITLE	DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME		5.2 NAME	1		
STREET ADDRESS		5.3 STREET	DDRESS		4.09.96
CITY-ST-ZIP		5.4 CITY-ST	- ZIP		64
TITLE	DELETE	6.1 TITLE			Change Addition
NAME		6.2 NAME			
STREET ADDRESS			- 1		I .
CITY-ST-ZIP		6.3 STREET A	DORESS		İ

or the buy call by 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 appears in Block 12 or Block 13 of changed, or on an attachment with an address.

SIGNATURE:

BIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

352-793-380/ Daytime Phone #