

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 19 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 703177 (6)**

1. Corporation Name

**FIRST BAPTIST CHURCH OF INVERNESS, INC.**

Principal Place of Business

Mailing Address

123 SOUTH SEMNOLE AVENUE  
INVERNESS FL 32632-1735

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INVERNESS FL 32632-1735

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/13/1961**

3a. Date of Last Report  
**05/01/1994**

4. FEI Number  
**59-1265586**

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip 34452 4735

Country

29 Zip 34452 4735

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MEAHL, CALVIN  
GOSPEL ISLAND  
INVERNESS FL 32650**

81 Name

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

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

*Calvin B. Meahl*

**CALVIN B. MEAHL, PRESIDENT**

**4/13/95**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S**  
NAME **DAVIS, CAROL B**  
STREET ADDRESS **BOX 454 MOCASSIN S**  
CITY-ST-ZIP **INVERNESS, FL 00000**

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

TITLE **D**  
NAME **DAVIS, EDGAR E**  
STREET ADDRESS **WATSON RD**  
CITY-ST-ZIP **INVERNESS, FL 00000**

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

TITLE **V**  
NAME **BAXLEY, CAREY**  
STREET ADDRESS **604 VISTA ST**  
CITY-ST-ZIP **INVERNESS, FL 00000**

3.1 TITLE  Change  Addition  
3.2 NAME **ADKINS, C. BERNARD**  
3.3 STREET ADDRESS **501 WHISPERING PINES BLVD**  
3.4 CITY-ST-ZIP **INVERNESS, FL 34453 3386**

TITLE **P**  
NAME **MEAHL, CALVIN**  
STREET ADDRESS **E ALLEN POINT RD**  
CITY-ST-ZIP **INVERNESS, FL 00000**

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

TITLE **D**  
NAME **SUKUT, ARLYN A.**  
STREET ADDRESS **9236 E GOSPEL ISLAND RD**  
CITY-ST-ZIP **INVERNESS, FL 00000**

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

TITLE **D**  
NAME **LOOMS, HOMER**  
STREET ADDRESS **HUNTING LODGE DR**  
CITY-ST-ZIP **INVERNESS, FL 00000**

6.1 TITLE  Change  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 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: *Calvin B. Meahl* **calvin B. Meahl, President**

**4/13/95 904 726 1252**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #