

**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 # 703177 (6)

1. Corporation Name

FIRST BAPTIST CHURCH OF INVERNESS, INC.



Principal Place of Business

Mailing Address

123 SOUTH SEMINOLE AVENUE  
INVERNESS FL 34452-4735  
US

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INVERNESS FL 34452-4735  
US

3. Date Incorporated or Qualified  
11/13/1961

3a. Date of Last Report  
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

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 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input type="checkbox"/> DELETE
NAME	DAVIS, CAROL B	
STREET ADDRESS	BOX 454 MOCASSIN S	
CITY-ST-ZIP	INVERNESS, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, EDGAR E	
STREET ADDRESS	WATSON RD	
CITY-ST-ZIP	INVERNESS, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ADKINS, C. BERNARD	
STREET ADDRESS	501 WHISPERING PINES BLVD	
CITY-ST-ZIP	INVERNESS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MEAHL, CALVIN	
STREET ADDRESS	E ALLEN POINT RD	
CITY-ST-ZIP	INVERNESS, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUKUT, ARLYN A.	
STREET ADDRESS	9238 E GOSPEL ISLAND RD	
CITY-ST-ZIP	INVERNESS, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOOMIS, HOMER	
STREET ADDRESS	HUNTING LODGE DR	
CITY-ST-ZIP	INVERNESS, FL 00000	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CALVIN B. MEAHL, PRESIDENT

April 27, 1996 352 726 1252

Date

Daytime Phone #

CR2E037 (12/95)