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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:22

DOCUMENT # 703957 (1)

1. Corporation Name

FLORIDA BAPTIST SCHOOLS, INC.

Principal Place of Business	Mailing Address
506 SOUTH OAKWOOD AVENUE P.O. BOX 2758 BRANDON FL 33509	506 SOUTH OAKWOOD AVENUE P.O. BOX 2758 BRANDON FL 33509

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1962
3a. Date of Last Report: 04/01/1994
4. FEI Number: 23-7202810 ☐ 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
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

ADAMS, R H
716 SOUTH OAKWOOD AVE
BRANDON FL 33511

10. Name and Address of New Registered Agent
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 _____ DATE 2/15/95
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	PTR	1.1 TITLE	☐ Change ☐ Addition
NAME	GURGEL, DAVID G	1.2 NAME	
STREET ADDRESS	104 ELAINE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	1.4 CITY-ST-ZIP	
TITLE	STR	2.1 TITLE	☐ Change ☐ Addition
NAME	PUGH, HAROLD	2.2 NAME	
STREET ADDRESS	2032 PARKER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	TR	3.1 TITLE	☐ Change ☐ Addition
NAME	FUENTES, HENRY W	3.2 NAME	
STREET ADDRESS	1310 NE 2ND ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL	3.4 CITY-ST-ZIP	
TITLE	TR	4.1 TITLE	☐ Change ☐ Addition
NAME	JOYCE, J E	4.2 NAME	
STREET ADDRESS	209 HOPEWELL MANOR DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP	
TITLE	TR	5.1 TITLE	☐ Change ☐ Addition
NAME	WALKER, CLAUDE A	5.2 NAME	
STREET ADDRESS	2615 SOUTHERN OAKS PL	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	5.4 CITY-ST-ZIP	
TITLE	TR	6.1 TITLE	☐ Change ☐ Addition
NAME	COOKE, LARRY N	6.2 NAME	
STREET ADDRESS	1906 NICHOLS RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LITHIA 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)(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: J. E. Joyce 1-11-95 727-2835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061970