

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 # 703957 (1)
1. Corporation Name
FLORIDA BAPTIST SCHOOLS, INC.



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

3. Date Incorporated or Qualified: 04/26/1962
3a. Date of Last Report: 02/22/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 23-7202810 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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: FENISON, DARVIE D.
82 Street Address (P.O. Box Number is Not Acceptable): 604 LITHIA PINECREST RD
83
84 City: BRANDON FL 85 Zip Code: 33511

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: *Darvie D. Fension* DARVIE D. FENSION, PRESIDENT 4/9/96
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|--|--|---|
| TITLE: PTR NAME: GURGEL, DAVID G STREET ADDRESS: 104 ELAINE DR CITY-ST-ZIP: AUBURNDALE FL | <input type="checkbox"/> DELETE | 11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME: 13 STREET ADDRESS: 14 CITY-ST-ZIP: |
| TITLE: STR NAME: PUGH, HAROLD STREET ADDRESS: 2032 PARKER ROAD CITY-ST-ZIP: LAKELAND FL | <input type="checkbox"/> DELETE | 21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME: 23 STREET ADDRESS: 24 CITY-ST-ZIP: |
| TITLE: TR NAME: FUENTES, HENRY W STREET ADDRESS: 1310 NE 2ND ST CITY-ST-ZIP: MULBERRY FL | <input checked="" type="checkbox"/> DELETE | 31 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 32 NAME: ROBINSON, DYM E. 33 STREET ADDRESS: 1310 NE 2ND ST 34 CITY-ST-ZIP: MULBERRY, FL |
| TITLE: TR NAME: JOYCE, J E STREET ADDRESS: 209 HOPEWELL MANOR DR CITY-ST-ZIP: PLANT CITY FL | <input type="checkbox"/> DELETE | 41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME: 600001875966 43 STREET ADDRESS: -06/26/96--01047--023 44 CITY-ST-ZIP: ***61.25 |
| TITLE: TR NAME: WALKER, CLAUDE A STREET ADDRESS: 2615 SOUTHERN OAKS PL CITY-ST-ZIP: PLANT CITY FL | <input checked="" type="checkbox"/> DELETE | 51 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 52 NAME: D. FENISON, DARVIE D. 53 STREET ADDRESS: 604 LITHIA PINECREST ROAD 54 CITY-ST-ZIP: BRANDON, FLORIDA 33511 |
| TITLE: TR NAME: COOKE, LARRY N STREET ADDRESS: 1906 NICHOLS RD CITY-ST-ZIP: LITHIA FL | <input type="checkbox"/> DELETE | 61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME: 63 STREET ADDRESS: 64 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 and changed, or on an attachment with an address.

SIGNATURE: *Darvie D. Fension* DARVIE D. FENSION, PRES. 4/9/96 813-684-1389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

625-96