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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **704679** **(0)**

1. Corporation Name
FLORIDA BAPTIST FAMILY MINISTRIES, INC.

900001444689
-03/31/95--01027--020
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1015 SIKES BLVD LAKELAND FL 33801-1499	1015 SIKES BLVD LAKELAND FL 33801-1499

3. Date Incorporated or Qualified: 10/18/1962
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-0657326 ☐ 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)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

PHILLIPS, RICHARD
1310 ROBINHOOD LN
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name: Hodges, Charles
82 Street Address (P.O. Box Number is Not Acceptable): 2229 Flaming Arrow Drive
83
84 City: Lakeland **FL** 85 Zip Code: 33813

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: Charles F. Hodges President 3-24-95
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	CD	11 TITLE	C/D	☒ Change ☐ Addition
NAME	PERRIN, JACKIE	12 NAME	Hahn, James	
STREET ADDRESS	551 HIGH OAKS CT.	13 STREET ADDRESS	538 Lake Hollingsworth	
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	VCD	21 TITLE	V/C/D	☒ Change ☐ Addition
NAME	RAFFERTY, EVERETT	22 NAME	Mason, Doug	
STREET ADDRESS	5481 BRIARCLIFF RD.	23 STREET ADDRESS	844 Forest Glen Road	
CITY-ST-ZIP	FT. MYERS FL	24 CITY-ST-ZIP	Clearwater, FL 34625	
TITLE	VCD	31 TITLE	V/C/D	☒ Change ☐ Addition
NAME	DODD, STANLEY	32 NAME	McLauchlin, Patti	
STREET ADDRESS	3795 WEEPING WILLOW ST.	33 STREET ADDRESS	P.O. Box 5748 -N/A	
CITY-ST-ZIP	MELBOURNE FL	34 CITY-ST-ZIP	Key West, FL 33045	
TITLE	P	41 TITLE	P	☒ Change ☐ Addition
NAME	PHILLIPS, RICHARD	42 NAME	Hodges, Charles	
STREET ADDRESS	1310 ROBINHOOD LN	43 STREET ADDRESS	2229 Flaming Arrow Drive	
CITY-ST-ZIP	LAKELAND FL	44 CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	HODGES, CHARLES	52 NAME		
STREET ADDRESS	2229 FLAMING ARROW DR	53 STREET ADDRESS	No one at this time	
CITY-ST-ZIP	LAKELAND FL	54 CITY-ST-ZIP		
TITLE	T	61 TITLE		☐ Change ☐ Addition
NAME	PARKER, LORI	62 NAME		
STREET ADDRESS	9707 PLEASANT RUN WAY	63 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33647	64 CITY-ST-ZIP		

2A
3-28

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: Lori J. Parker Lori J. Parker 2/28/95 (813) 687-8811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0065721