

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 MAY -1 PM 1:02

**DOCUMENT # 705556 (9)**  
1. Corporation Name  
**THE FIRST BAPTIST CHURCH OF COTTAGE HILL, FLORID  
A, INC.**

**REMITTED BY MAY 1**

DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**230 WILLIAMS DITCH RD  
CANTONMENT FL 32533**      **230 WILLIAMS DITCH RD  
CANTONMENT FL 32533**

3. Date Incorporated or Qualified <b>05/03/1963</b>	3a. Date of Last Report <b>04/22/1994</b>
4. FEI Number <b>59-2327311</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$9.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**ENFINGER, FILMORE L  
1571 GLENNA LANE  
CANTONMENT FL 32533**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHILDRESS, CLARK</b>	1 2 NAME	
STREET ADDRESS	<b>OLD CHEMSTRAND RD</b>	1 3 STREET ADDRESS	
CITY - ST - ZIP	<b>GONZALEZ, FL 00000</b>	1 4 CITY - ST - ZIP	
TITLE	<b>D</b>	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTSON, WILLIAM</b>	2 2 NAME	
STREET ADDRESS	<b>1426 MCKENZIE</b>	2 3 STREET ADDRESS	
CITY - ST - ZIP	<b>CANTONMENT, FL 00000</b>	2 4 CITY - ST - ZIP	
TITLE	<b>D</b>	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEELEY, VERNEDA</b>	3 2 NAME	
STREET ADDRESS	<b>2450 EASTMEN</b>	3 3 STREET ADDRESS	
CITY - ST - ZIP	<b>CANTONMENT, FL 00000</b>	3 4 CITY - ST - ZIP	
TITLE	<b>D</b>	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BANE, BOBBY JOE</b>	4 2 NAME	
STREET ADDRESS	<b>2508 ELNA RD</b>	4 3 STREET ADDRESS	
CITY - ST - ZIP	<b>CANTONMENT FL</b>	4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE: William Robertson      Date: 4/20/95      Florida State #: 904-968-2357  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR