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1995 MAR 14 AM 6:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 707013 (9)

1. Corporation Name
FIRST BAPTIST CHURCH OF ALTAMONTE SPRINGS, INC.

Principal Place of Business	Mailing Address
687 E ALTAMONTE DRIVE (32701S001) P.O. BOX 150217 ALTAMONTE SPRINGS FL 32715-0217	687 E ALTAMONTE DRIVE (32701S001) P.O. BOX 150217 ALTAMONTE SPRINGS FL 32715-0217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1964
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-1058147 ☐ 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 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

9. Name and Address of Current Registered Agent

BUTLER, JOHNNIE A
605 LAKE ORIENTA DR
ALTAMONTE SPRINGS FL 32701

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
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	PD	1.1 TITLE	☐ Change ☒ Addition
NAME	BUTLER, JOHNNIE A	1.2 NAME	
STREET ADDRESS	605 LAKE ORIENTA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701-6307
TITLE	VPD	2.1 TITLE	☐ Change ☒ Addition
NAME	JENNINGS, JAMES T	2.2 NAME	600001430625
STREET ADDRESS	265 LEMON LILY CT	2.3 STREET ADDRESS	-03/15/95--01091--006
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	*****61.25 *****61.25 ALTAMONTE SPRINGS, FL 32714
TITLE	SD	3.1 TITLE	☒ Change ☐ Addition
NAME	MEADOWS, ROBERT	3.2 NAME	
STREET ADDRESS	1519 GLASTONBERRY RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	3.4 CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	T	4.1 TITLE	☐ Change ☒ Addition
NAME	KNIGHT, THOMAS E	4.2 NAME	
STREET ADDRESS	749 LITTLE WEKIVA CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	4.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	SAB
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	3-14

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: Johnnie A Butler JOHNNIE A., BUTLER, PRESIDENT MARCH 3, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

031000