

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00⁴⁸

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 707271 (3)

1. Corporation Name

FIRST BAPTIST CHURCH OF BITHLO, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
P.O. BOX 677886 P.O. BOX 677886
ORLANDO FL 32867 ORLANDO FL 32867

3. Date Incorporated or Qualified 05/12/1964 3a. Date of Last Report 05/01/1994
4. FEI Number 59-2360334 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 18415 11th AVE 26 P.O. Box 660-006
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Orlando, FL 28 Chuluota, FL
24 32833 25 U.S.A. 29 32766 30 U.S.A.

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

9. Name and Address of Current Registered Agent

MCPHERSON, KENNETH
360 E 1ST ST
CHULUOTA FL 32766

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME MCPHERSON, KENNETH R
STREET ADDRESS 360 E 1ST ST
CITY-ST-ZIP CHULUOTA FL
TITLE T
NAME PATTERSON, BOB
STREET ADDRESS 18082 HOLLISTER RD
CITY-ST-ZIP ORLANDO FL
TITLE T
NAME DUDLEY, BOB
STREET ADDRESS 1035 ST CATHERINE ST
CITY-ST-ZIP CHRISTMAS FL
TITLE T
NAME HARLESS, BOB
STREET ADDRESS 1428 BOREAS DR
CITY-ST-ZIP ORLANDO FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE ☒ Change ☐ Addition
32 NAME George, Lloyd
33 STREET ADDRESS 18895 LANSING
34 CITY-ST-ZIP ORLANDO FL 32833
41 TITLE ☒ Change ☐ Addition
42 NAME McPherson, James
43 STREET ADDRESS 351 E. First St
44 CITY-ST-ZIP Chuluota FL 32766
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ 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 110.07(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 if changed, or on an attachment with an address.

SIGNATURE:

Kenneth R. McPherson Kenneth R. McPherson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18, 95
(Date)

568-4320
365-5811
(Telephone Number)