

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 AM 9:07

DOCUMENT # 707539 (3)
1. Corporation Name
FIRST BAPTIST CHURCH OF OLDSMAR, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/06/1964	3a. Date of Last Report 01/21/1994
4. FEI Number 59-2066641	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	

Principal Place of Business Mailing Address
650 BURBANK ROAD 650 BURBANK ROAD
OLDSMAR FL 34677 OLDSMAR FL 34677

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

9. Name and Address of Current Registered Agent

PRESTON, REV EDDIE L
1337 COLUMBIA AVENUE
PALM HARBOR FL 33563

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TPD	1.1 TITLE	☐ Change ☐ Addition
NAME	MASON, DAVID	1.2 NAME	
STREET ADDRESS	10401 STIRRUP WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	WARREN, HAROLD	2.2 NAME	
STREET ADDRESS	7002 JACKSON SPRINGS RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	NELSON, CHARLES	3.2 NAME	
STREET ADDRESS	2720 WENDOVER TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	
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)(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: DAVID MASON David Mason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-95 854-1385
Date Office Phone