FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 21 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 708481 (7)

1. Corporation Name
FIRST BAPTIST CHURCH OF BROOKSVILLE, FLORIDA

Principal Place of Business	Mailing Address
420 NORTH HOWELL POST OFFICE BOX 1630 BROOKSVILLE FL 34605-0630	PO BOX 1630 BROOKSVILLE FL 34605-1630 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1965
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-0711168 ☐ 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	2a. Mailing Address
21	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

BURNS, WINSTON
5055 CEDAR LANE
BROOKSVILLE FL 34601

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	~~D~~	1.1 TITLE	D	☒ Change ☐ Addition
NAME	~~BROWN, GEORGE M.~~	1.2 NAME	BLAKEMAN, CARROLL E	
STREET ADDRESS	~~7001 AMBER RIDGE~~	1.3 STREET ADDRESS	N/A PO BOX 1929	
CITY-ST-ZIP	~~BROOKSVILLE FL~~	1.4 CITY-ST-ZIP	BROOKSVILLE FL 34605	
TITLE	~~D~~	2.1 TITLE	D	☒ Change ☐ Addition
NAME	~~KIMBROUGH, MARGARET~~	2.2 NAME	A. W. ARICK	
STREET ADDRESS	~~27020 OLD TRILBY RD.~~	2.3 STREET ADDRESS	26341 OLD SPRING LAKE RD	
CITY-ST-ZIP	~~BROOKSVILLE FL~~	2.4 CITY-ST-ZIP	BROOKSVILLE FL 34602	
TITLE	S	3.1 TITLE	D	☐ Change ☒ Addition
NAME	GRUBBS, MURRAY	3.2 NAME	DAVID KOON	
STREET ADDRESS	23019 GRUBBS RD.	3.3 STREET ADDRESS	434 EDERINGTON DR	
CITY-ST-ZIP	BROOKSVILLE FL	3.4 CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	FRAZIER, WALTER	4.2 NAME		
STREET ADDRESS	3 PINE ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL	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 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: Winston Burns 04/14/95 (904) 799-7519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WINSTON BURNS — PRESIDENT OF TRUSTEES

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