

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **708711** (7)  
1. Corporation Name  
**FIRST BAPTIST CHURCH OF AUBURDALE, FLORIDA, INC**



Principal Place of Business: **300 S. MAIN ST. P O BOX 367 (338230367) AUBURDALE FL 33823-1102 US**  
Mailing Address: **300 S. MAIN ST. P O BOX 367 (338230367) AUBURDALE FL 33823-1102 US**

3. Date Incorporated or Qualified: **03/26/1965**  
3a. Date of Last Report: **01/30/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-0637835</b>	Not Applicable
22	23	27	28	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State			
23	24	29	30	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip		Zip			
	Country		Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STRICKLER, JOE T. 660 E. THELMA ST. LAKE ALFRED FL 33850				81	Name John Chesser		
				82	Street Address (P.O. Box Number is Not Acceptable) 204 Lake Dale Drive		
				83			
				84	City Auburndale	85	Zip Code FL 33823

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *John Chesser* DATE: **1/22/96**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD SMITH, JAMES R 116 OWEN CIRCLE NORTH AUBURDALE FL	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	PCD STRICKLER, JOE T. 660 E. THELMA ST. LAKE ALFRED FL	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	John Chesser
STREET ADDRESS		23 STREET ADDRESS	204 Lake Dale Drive
CITY-ST-ZIP		24 CITY-ST-ZIP	Auburndale FL 33823
TITLE	VD CHESSEY JOHN 204 LAKE DALE DR. AUBURDALE FL	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	Bob Bauersachs
STREET ADDRESS		33 STREET ADDRESS	2015 Shoreland Drive
CITY-ST-ZIP		34 CITY-ST-ZIP	Auburndale FL 33823
TITLE	S TURNER, CAROL 342 BAY STREET AUBURDALE FL	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	Karen Colston
STREET ADDRESS		43 STREET ADDRESS	1707 Bryan Lane
CITY-ST-ZIP		44 CITY-ST-ZIP	Auburndale FL 33823
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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: *John Chesser* DATE: **1/22/96** (941) 967-4484  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **John Chesser** DAYTIME PHONE #

CR2E037 (12/95)