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FILED

May 15 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 709103 (6)

1. Corporation Name

THE FIRST BAPTIST CHURCH OF ODESSA, INC.

Principal Place of Business

1234 GUNN HWY  
ODESSA FL 33556-9003

Mailing Address

1234 GUNN HWY  
ODESSA FL 33556-53023. Date Incorporated or Qualified  
06/08/19653a. Date of Last Report  
04/24/1996

4. FEI Number

59-2034069

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 City &amp; State

23

Zip

Country

27 City &amp; State

28

Zip

Country

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

STEPHENS, LOUIS  
19460 ANGEL LANE  
ODESSA FL 33556

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 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

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 TRD  
NAME GASKINS, WILLIAM  
STREET ADDRESS 14721 ALBERTON LN  
CITY-ST-ZIP ODESSA FL☐ DELETE1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE TD  
NAME STEPHENS, LIGIA  
STREET ADDRESS 19460 ANGEL LANE  
CITY-ST-ZIP ODESSA FL☐ DELETE2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE ST  
NAME CRAWFORD, SUSAN  
STREET ADDRESS 1016 HUNTSVILLE RD  
CITY-ST-ZIP ODESSA FL☐ DELETE3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE TD  
NAME WOODALL, JOYCE  
STREET ADDRESS 13851 PLAINVIEW ROAD  
CITY-ST-ZIP ODESSA FL☒ DELETE4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP☐ Change ☒ AdditionTr  
Pert, Candy  
14618 Geneva Drive  
Odessa, FL 33556TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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 Susan E. Crawford REQUIRED Crawford 4/25/97 813-920-5327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0046043

CR2E037 (9/96)