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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

(7)

1997 DOCUMENT #

709145

FILED Apr 30 1997 8:00am Secretary of State

Principal Place of Business Mailing Address P.O. BOX 151 SOUTH VIRGINIA AVE. CENTER HILL FL 33514 PIRST BAPTIST CHURCH OF CENTER HILL FL 33514-0151								
					3. Date incorporated or Qua 06/15/1965	alified (34a. i	Date of Last I 04/19/19	
·	lace of Business	2a. Mailing Address	······································		4. FEI Number 59-1975778			pplied For ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	,		5. Certificate of Status Desir	red 🔲	\$8.75	Additional equired
City & State	9	City & State	- 1:		6. Election Campaign Finan		\$5.00	May Be
Zip	Country		Country	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution 8. This corporation has liabi	ility for intanglb		to Fees s. 199.032,
24	25	29	30	···	Florida Statutes	Yes	□ No	
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of N	lew Registere	d Agent	·····
	4		61 1	Name				
Branch, Bill Pine Street			82 5	Street Addre	ess (P.O. Box Number is Not Ac	cceptable)	,	
CENTER HILL FL 33514			83					
OCMICI	THE TE GOOTS		04	Ole				Carlo
			84	City		F	 65 Z ip	Code
	to the provisions of Sections 617.05 egistored agent, or both, in the Stat m familiar with, and accept the oblig	02 and 617.1508, Florida Statu e of Florida. Such change was galions of, Section 617.0503, F	ites, the above-n authorized by the lorida Statutes.	named corpo ne corporatio	oration submits this statement foon's board of directors. I hereby	or the purpose y accept the ap	or changing opointment a	its registered s registered
11. Pursuant office or ragent. I a SIGNATURE.	Signature typed or printed name of registered ap	gent and little if applicable (NC	utes, the above-n authorized by the lorida Statutes. TE: Registered Agent s			DATE	ND DIRECTO	RS IN 12
SIGNATURE . 12. TITLE	Signature typed or printed name of registered as OFFICERS AI	gent and little if applicable (NC	TE: Registered Agent s 13. 1.1 TITLE		d when reinstaling)	DATE		
SIGNATURE . 12. TITLE NAME	Signature typed or printed name of registered as OFFICERS AI ST BRANCH, SUNNI	gent and little if applicable (NC	TE: Registered Agent s 13. 1.1 TITLE 1.2 NAME	signature require	d when reinstaling)	DATE	ND DIRECTO	RS IN 12
SIGNATURE . 12. TITLE NAME STREET ADDRESS	Signature typed or printed name of registered as OFFICERS AI ST BRANCH, SUNNI VIRGINIA AVE & PINE ST.	gent and little if applicable (NC	13, 13, 1.1 TITLE 1.2 NAME 1.3 STREET AD	elgnature require	d when reinstaling)	DATE	ND DIRECTO	RS IN 12
SIGNATURE . 12. TIILE NAME STREET ADDRESS CITY-SI-ZIP	Signature typed of printed name of registered at OFFICERS AI ST BRANCH, SUNNI VIRGINIA AVE & PINE ST. CENTER HILL FL	gent and little if applicable (NC	13. 11 TITLE 1.2 NAME 1.3 STREET AD 1.4 CITY-ST-Z	elgnature require	d when reinstaling)	DATE	ND DIRECTO	RS IN 12
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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 chapter or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

SIGNATURE: