

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 # 709924 (5)
1. Corporation Name
FIRST BAPTIST CHURCH OF HAINES CITY, INC.



Principal Place of Business Mailing Address
2250 U.S. ALTERNATE 27 SOUTH
P.O. BOX 1165
HAINES CITY FL 33845-1165

3. Date Incorporated or Qualified 11/16/1965
3a. Date of Last Report 03/15/1995
4. FEI Number 59-6159644
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

BRADBURY, ROBERT K.
24 S. ALLAPHA
DAVENPORT FL 33837

10. Name and Address of New Registered Agent

81 Name Robert K. Bradbury
82 Street Address (P.O. Box Number is Not Acceptable)
159 Beverly Drive, SE
83
84 City Winter Haven FL 85 Zip Code 33884

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 Robert K. Bradbury

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/96

12. OFFICERS AND DIRECTORS
TITLE PD
NAME SIMS, KERMIT
STREET ADDRESS 415 DYSON RD.
CITY-ST-ZIP HAINES CITY FL
TITLE D
NAME COPELAND, DOY
STREET ADDRESS B. MOORE ROAD
CITY-ST-ZIP HAINES CITY FL
TITLE SD
NAME BRADBURY, ROBERT K.
STREET ADDRESS 307 E. CYPRESS
CITY-ST-ZIP DAVENPORT FL
TITLE D
NAME WEST, DUANE
STREET ADDRESS 3208 LAKE BREEZE DR
CITY-ST-ZIP HAINES CITY FL
TITLE D
NAME MAYBERRY, CHARLES
STREET ADDRESS OLD LAKE WILSON RD.
CITY-ST-ZIP LOUGHMAN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE SD
3.2 NAME Bradbury, Robert K.
3.3 STREET ADDRESS 159 Beverly Drive, SE
3.4 CITY-ST-ZIP Winter Haven, FL 33884
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(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: Robert K. Bradbury
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)