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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:14

DOCUMENT # 710194 (2)

1. Corporation Name
THE FLORIDA BAPTIST CONFERENCE, INC.

Principal Place of Business	Mailing Address
1620 OLD POLK CITY RD P.O. BOX 91865 LAKELAND FL 33804-1865	1620 OLD POLK CITY RD P.O. BOX 91865 LAKELAND FL 33804-1865

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1966
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-1459720 ☐ 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

DYE, DONALD REV.
609 LAKESPUR LANE
ALTAMONTE SPRINGS FL 32714

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	MD	11 TITLE	☐ Change ☐ Addition
NAME	DYE, DONALD (REV.)	12 NAME	
STREET ADDRESS	609 LAKESPUR LANE	13 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRGS FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☑ Change ☐ Addition
NAME	EUGENE, AMOS R	22 NAME	William Millican
STREET ADDRESS	7500 ALHAMBRA BLVD.	23 STREET ADDRESS	704 Lobelia St.
CITY-ST-ZIP	MIRAMAR FL	24 CITY-ST-ZIP	Brandon, FL 33510 PD
TITLE	PD	31 TITLE	☑ Change ☐ Addition
NAME	BEAUMONT, CLIFFORD	32 NAME	John Baxter
STREET ADDRESS	721 INDIAN WELLS AVENUE	33 STREET ADDRESS	2780 37th St N
CITY-ST-ZIP	SUN CITY CENTER FL	34 CITY-ST-ZIP	St Petersburg, FL 33713 V
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	PAULSON, DONALD T.	42 NAME	
STREET ADDRESS	P. O. BOX 91942 N/A	43 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☑ Change ☐ Addition
NAME	~~SAN LUIS, CARLOS R~~	52 NAME	Peggy Windmiller
STREET ADDRESS	1204 GOLDEN CLUB CT.	53 STREET ADDRESS	2311 41st St. W.
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	Bradenton, FL 34209 S
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	REMITTED BY MAY 1
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)(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, added or deleted with an address.

SIGNATURE: A. T. Paulson 22 April 1995 813-858-8761
SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR — Date — Daytime Phone #
Donald T. Paulson

0067000