SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) FILED NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Jul 15, 1996 08:00 AM Sandra B. Mortham ANNUAL REPORT Secretary of State **Secretary of State** 19967-ON DE-CORPORATIONS **DOCUMENT** # 1. Corporation Name FLORIDA CARIBBEAN BAPTIST CONFERENCE, INC. Principal Place of Business Mailing Address 1820 OLD POLK CITY RD 1820 OLD POLK CITY RD P.O. BOX 91865 P.O. BOX 91865 **LAKELAND FL 33804-1865** LAKELAND FL 33804-1865 3. Date Incorporated or Qualified 3a. Date of Last Report 01/12/1966 05/01/1995 2. Principal Place of Business Mailing Address 4. FEI Number PO BEX 91865 Applied For Po BOX 91865 26 59-1459720 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Flection Campaign Financing \$5.00 May Be FL LIKELLUD 23 LAKELAND ۴ Trust Fund Contribution Added to Fees 3 3804-1865 25 Country 8. This corporation has liability for intangible tax under s. 199.032, 33804-1865 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ABRAHAMSON, RICHARD R Street Address (P.O. Box Number is Not Acceptable) 118 ASHBOROUGH CT. LAKELAND FL 33801 84 City 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. It 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 re-instating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition ABRAHAMSON, RICHARD R NAME 1.2 NAME 118 ASHBOROUGH CT. STREET ADDRESS 13 STREET ADDRESS LAKELAND FL 33801 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE PD DELETE 2.1 TITLE Change Addition MILLICAN, WILLIAM NAME 2.2 NAME 704 LOBELIA ST STREET ADORESS 2.3 STREET ADDRESS **BRANDON FL** CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition BAXTER, JOHN NAME 3.2 NAME 2780 37TH ST N STREET ADDRESS 3.3 STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 4 1 TITLE TP Change Addition PAULSON, DONALD T. NAME 4. 2 NAME FULKS, CHUCK P. O. BOX 91942 N/A STREET ADDRESS 4.3 STREET ADDRESS 5823 ZOTH STREET W. LAKELAND FL CITY-ST-ZIP 4.4 CITY - ST-ZIP BRADENTON, FL 34207 TITLE DELETE 51 THLE | Change * Addition WINDMILLER, PEGGY NAME 5.2 NAME TARASIUK, CURISTINA STREET ADDRESS 2211 41ST ST W 5.3 STREET ADDRESS 6954 BOTTLE BRUSH DRIVE **BRADENTON FL** CITY-ST-ZIP 5.4 CITY-ST-ZIP MIAHI LAKES, FL TITLE DELETE 81 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP <u> 6.4 CITY - ST - ZIP</u> 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 chapter 617, Florida Statutes; and SIGNATURE: 7-1-96 941-858-8765