

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mathern
Secretary of State
DIVISION OF CORPORATIONS**

**APPROVED
AND
FILED**

95 APR -7 AM 11:12

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 710381 (5)

1. Corporation Name

THE FIRST MISSIONARY BAPTIST CHURCH OF KENANSVILLE, FLORIDA, INC.

Principal Place of Business

Mailing Address

**STATE ROAD 523
PO BOX 103
KENANSVILLE FL 34739**

**STATE ROAD 523
PO BOX 103
KENANSVILLE FL 34739**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

02/16/1966

3a. Date of Last Report

03/24/1994

4. FEI Number

59-2471103

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)

☐

**\$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

Suite, Apt. #, etc.

25

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAIDEN, GLENN R
GRANT BASS ROAD
STATE ROAD 523 AND GRANT BASS RD
KENANSVILLE FL 32739**

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

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	D
NAME	BAIDEN, GLENN R
STREET ADDRESS	GRANT BASS RD
CITY - ST - ZIP	KENANSVILLE, FL 00000
TITLE	D
NAME	VICKERS, BRUCE
STREET ADDRESS	VICKERS RD
CITY - ST - ZIP	KENANSVILLE, FL 00000
TITLE	D
NAME	COLLINS, WALTER T.
STREET ADDRESS	LAKE MARION ROAD
CITY - ST - ZIP	KENANSVILLE, FL 00000
TITLE	ST
NAME	COLLINS, SANDRA
STREET ADDRESS	VICKERS RD.
CITY - ST - ZIP	KENANSVILLE, FL 00000
TITLE	D
NAME	COLLINS, DONALD
STREET ADDRESS	VICKERS RD
CITY - ST - ZIP	KENANSVILLE, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
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 110.07(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:

Glenn R. Baiden **Glenn R. Baiden**

2-22-95

407-436-1020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR