

**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 # 710523 (2)**

1. Corporation Name

**BAGDAD MISSIONARY BIBLE CHURCH, INC.**



Principal Place of Business

Mailing Address

**6341 MATADOR ST.  
MILTON FL 32583**

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MILTON FL 32583**

3. Date Incorporated or Qualified

**03/15/1966**

3a. Date of Last Report

**03/08/1995**

4. FEI Number

**59-2872178**

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**

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HANDROP, LLOYD E  
6827 YUCATAN ST.  
MILTON FL 32570**

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 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

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

(NOTE: Registered Agent Signature required when requesting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BOOHER, RICHARD	
STREET ADDRESS	1352 CRESTVIEW	
CITY-ST-ZIP	REYNOLDSBURG OH	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HANDROP, LLOYD E	
STREET ADDRESS	6827 YUCATAN STREET	
CITY-ST-ZIP	MILTON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SASSER, CHERYL A.	
STREET ADDRESS	6815 YUCATAN ST.	
CITY-ST-ZIP	MILTON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HANDROP, GRACE M	
STREET ADDRESS	6827 YUCATAN ST.	
CITY-ST-ZIP	MILTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	BOOHER, MONTE	
13 STREET ADDRESS	Rt. 3 Box 78 EH	
14 CITY-ST-ZIP	Berkeley Springs, WV 25411	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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)(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: *Lloyd E Handrop*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-96 904 626-0504  
Date Date/Time Phone #

CR2E037 (12/95)