

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 710652 (9)**  
1. Corporation Name  
**FIRST TEMPLE BAPTIST CHURCH, INC. OF OCALA**



Principal Place of Business

2626 NE 10TH STREET  
P. O. BOX 70248  
OCALA FL 34470  
US

Mailing Address

P.O. BOX 70248  
P. O. BOX 70248  
OCALA FL 34470  
US

3. Date Incorporated or Qualified  
**04/01/1966**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

21 **2626 NE 10th Street**  
Suite, Apt. #, etc

2a. Mailing Address

26 **P.O. Box 70248**  
Suite, Apt. #, etc.

4. FEI Number

**59-1952896**

Applied For  
Not Applicable

22  
City & State

23 **Ocala, Florida**

Zip Country

24 **34470** 25 **U. S.**

27  
City & State

28 **Ocala, Florida**

Zip Country

29 **34470** 30 **U. S.**

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

9. Name and Address of Current Registered Agent

**DOBSON, LANIER**  
**12510 SE 47TH AVE. 4779 SE 115th Street**  
**BELLEVIEW FL 34420**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-11-96**

OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BRATCJER, STE&amp;JEM</b>	
STREET ADDRESS	<b>5316 PECAN RD.</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>GOLDEN, EARL</b>	
STREET ADDRESS	<b>3453 NE 12TH ST</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MOSLEY, KEITH</b>	
STREET ADDRESS	<b>9505 SE 100TH ST. RD.</b>	
CITY-ST-ZIP	<b>BELLEVIEW FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MOSLEY, D.B.</b>	
STREET ADDRESS	<b>10735 SE 146TH PL.</b>	
CITY-ST-ZIP	<b>SUMMERFIELD FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>DOBSON, PRESTON</b>	
STREET ADDRESS	<b>2081 NE 63RD ST.</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PRESTON, DOBSON</b>	
STREET ADDRESS	<b>2081 NE 63RD STREET</b>	
CITY-ST-ZIP	<b>OCALA FL 34470</b>	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PASTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>STEPHEN BRATCHER</b>	
1.3 STREET ADDRESS	<b>5316 PECAN RD.</b>	
1.4 CITY-ST-ZIP	<b>OCALA, FLORIDA, 34472</b>	
2.1 TITLE	<b>DIRECTOR / TRUSTEE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>EARL GOLDEN</b>	
2.3 STREET ADDRESS	<b>3453 NE 12TH STREET</b>	
2.4 CITY-ST-ZIP	<b>OCALA, FLORIDA 34470</b>	
3.1 TITLE	<b>DEACON / TREASURER / TRUSTEE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>KEITH MOSLEY</b>	
3.3 STREET ADDRESS	<b>9505 SE 100TH ST. RD.</b>	
3.4 CITY-ST-ZIP	<b>BELLEVIEW, FLORIDA 34420</b>	
4.1 TITLE	<b>TRUSTEE / DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>O. B. MOSLEY</b>	
4.3 STREET ADDRESS	<b>10735 SE 146TH PL</b>	
4.4 CITY-ST-ZIP	<b>SUMMERFIELD, FLORIDA 34491</b>	
5.1 TITLE	<b>TREASURER / TRUSTEE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>PRESTON DOBSON</b>	
5.3 STREET ADDRESS	<b>2081 NE 63 RD ST.</b>	
5.4 CITY-ST-ZIP	<b>OCALA, FL 34479</b>	
6.1 TITLE	<b>DEACON</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>GEORGE SCOTT</b>	
6.3 STREET ADDRESS	<b>21776 17 1/2 MILE RD.</b>	
6.4 CITY-ST-ZIP	<b>OLIVET, MICHIGAN 49076</b>	

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:

*Stephen M. Bratcher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Stephen M. Bratcher - Feb. 9 '96 (904) 732-4181**  
Date Daytime Phone #

CR2E037 (12/95)