

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1996



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

DOCUMENT # 710901 (0)

1. Corporation Name
**WEST BONIFAY BAPTIST CHURCH, INC. BONIFAY, FLORI
 DA**



Principal Place of Business Mailing Address
811 NORTH CARYVILLE RD. BONIFAY FL 32425

3. Date Incorporated or Qualified **05/17/1966** 3a. Date of Last Report **05/01/1995**
 4. FEI Number **59-2347973** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**BOSWELL, LESTER
 ROUTE 4, BOX 611
 BONIFAY FL 32425**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSWELL, LESTER	1.2 NAME	
STREET ADDRESS	ROUTE 4 BOX 611	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONIFAY	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIDDLEBROOKS, A E	2.2 NAME	MIDDLEBROOKS, A.E.
STREET ADDRESS	RT. 3, BOX 10	2.3 STREET ADDRESS	Rt 3 Box 10
CITY-ST-ZIP	BONIFAY FL	2.4 CITY-ST-ZIP	Bonifay, Fla. 32425
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, MILTON E	3.2 NAME	James Outer Outer
STREET ADDRESS	408 E. PENN. AVENUE	3.3 STREET ADDRESS	Rt 1 LOT 18-P
CITY-ST-ZIP	BONIFAY FL	3.4 CITY-ST-ZIP	Bonifay, Fla 32425
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIPPIN, PATTY	4.2 NAME	
STREET ADDRESS	RT. 3 BOX 1440	4.3 STREET ADDRESS	
CITY-ST-ZIP	BONIFAY FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *A. E. Middlebrooks* **6/7/96** (804) **547-3478**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)