FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

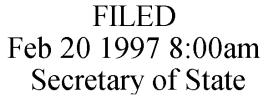
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 710901

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	n Name B <mark>onifay Baptist Chur</mark>	CH, INC. BONIFAY, FLO	RI			# 100min (00th) 110min (01min 100min)	N AIRU AIRI	Bitil tran B	
DA									
Principal Plac	e of Business	Mailing Address				-{))		OLDHI BIBILI 9	COLL BINDLY (DO)
811 NORTH CARYVILLE RD. 811 NORTH CARYVILLE RD. BONIFAY FL 32425 BONIFAY FL 32425-1503									
						3. Date Incorporated or Qualified 05/17/1966	3a. Dat 0	6/13/19	Report 96
	Place of Business	2a. Mailing Address				4. FEI Number 59-2347973	<u></u>		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			···-	5. Certificate of Status Desired		\$8.75	Additional
City & Stat		City & State							Required
23 City & Stat	c:	28			ē	6. Election Campaign Financing Trust Fund Contribution			D May Be to Fees
Zip	Country	Zip	Cou	intry		8. This corporation has liability for it	_=		
24	25	29	30			Florida Statutes	Yes 🔀	No	,
	9. Name and Address of Cui	rrent Registered Agent				10. Name and Address of New Re	gistered A	gent	
				81	Name				
	L, LESTER			82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
	I, BOX 611 ' FL 32425			63	· · · · · · · · · · · · · · · · · · ·				
DUNIFAT	FL 32423								
				84	City		FL	85 Zip	Code
agent La	registered agent, or both, in the Si am familiar with, and accept the of Signature typed or prehed name of registered	oligations of, Section 617.0503, Fi	orida Stat	tutes	S. 	on's board of directors. I hereby accept ad when reinstaling:	DATE		s registered
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	DRS IN 12
TITLE	D	C DELETE		1.1 TITLE				Change	Addition
NAME	BOSWELL, LESTER		1.2 N/						
STREET ADDRESS	ROUTE 4 BOX 611		1		ADDRESS				
City-St-ZiP	BONIFAY D	DELETE			T-ZIP			Change	Addition
TITLE NAME	MIDDLEBROOKS, A E	□ necese	2.1 TITLE 2.2 NAME					L. Unange	Montion
STREET ADDRESS	RT. 3, BOX 10				ADDRESS				ľ
CHTY-ST-ZIP	BONIFAY FL		•		ST-ZIP				ļ
TITLE	DT	DELETE	3.1 Ti					Change	Addition
NAME	MIDDLEBROOKS, A.E.		3.2 N/	AME					
STREET ADDRESS	RT. 3 BOX 10		3.3 \$1	TREET	ADDRESS				
CITY - ST - ZIP	BONIFAY FL		3.4. C	ITY-5	ST-ZIP				
TITLE	D	☐ DELETE	4.1 ¥i	TLE				Change	Addition
NAME	JAMES OUTLER		4. 2 N						
STREET ADDRESS	RT 1 LOT 18-P				ADDRESS				
CITY - ST - ZIP	BONIFAY FL	DELETE	4.4 CI 5.1 TI		T - ZIP			Change	Addition
TATLE NAME		Lad occur	5.1.11 5.2.N/				1	-1 Amings	La radición
NAME STREET ADDRESS	}		J		ADORESS				
CITY - ST - ZIP					T-ZIP				
TITLE		DELETE	6.1 Ti		n-LIF			Change	Addition
NAME		Novel	6.2 N/					- •	_
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP					1-ZIP				
14 Ldo boxo	by portify that the information pue	alied with this filing does not avail				in Section 110 07(3)(i) Elorida Statuto	e I further	cortify the	at the

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

2/16/97

Daytime Phone #0009941