

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

APPROVED AND FILED

95 MAR 23 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # 711185 (9)
1. Corporation Name
THE FIRST BAPTIST CHURCH OF JAN PHYL VILLAGE, IN C.

Principal Place of Business Mailing Address
100 HATFIELD RD WINTER HAVEN FL 33880

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/13/1966** 3a. Date of Last Report **04/15/1994**

4. FEI Number **59-1865485** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**DUBOSE, JUNE
103 6TH ST JPV
WINTER HAVEN FL 33880**

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 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 *June DuBose, church clerk* DATE **2-13-95**

12. OFFICERS AND DIRECTORS

TITLE	DT
NAME	CRAMER, ISAAC
STREET ADDRESS	1357 SHERIDAN ST SW
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	DT
NAME	OWENS, ROMA
STREET ADDRESS	37 DUNAWAY RD
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	SD
NAME	DUBOSE, JUNE
STREET ADDRESS	103 6TH ST JPV
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	DT
NAME	IVES, MARION PAUL
STREET ADDRESS	119 ALLEN AVE. JPV
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	DT
NAME	WOLFE, DAN
STREET ADDRESS	2130 HAVENDALE BLVD #5
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DT Floyd Sheffield
1.3 STREET ADDRESS	22 Dunaway Rd.
1.4 CITY-ST-ZIP	Winter Haven, FL 33880
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *June DuBose* DATE **2-13-95** TELEPHONE NO. **813-293-9020**

June DuBose