

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



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

3. Date Incorporated or Qualified: **07/13/1966**
3a. Date of Last Report: **03/23/1995**
4. FEI Number: **59-1865485**
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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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
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: *June DuBose, Church Clerk* DATE: **1-24-96**
Sign at, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required with reinstating.)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SHEFFIELD, FLOYD	
STREET ADDRESS	22 DUNAWAY RD	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	OWENS, ROMA	
STREET ADDRESS	37 DUNAWAY RD	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DUBOSE, JUNE	
STREET ADDRESS	103 6TH ST JPV	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	IVES, MARION PAUL	
STREET ADDRESS	119 ALLEN AVE. JPV	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	WOLFE, DAN	
STREET ADDRESS	2130 HAVENDALE BLVD #5	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDITION
1.1 TITLE	C	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	Sheffield, Floyd		
1.3 STREET ADDRESS	22 Dunaway Rd.		
1.4 CITY - ST - ZIP	Winter Haven, FL 33880		
2.1 TITLE	DT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	Tucker, Ben		
2.3 STREET ADDRESS	723 Bryan Lane		
2.4 CITY - ST - ZIP	Auburndale, FL 33823		
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	DT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	Deal, Leroy		
4.3 STREET ADDRESS	121 Coleman Rd. JPV		
4.4 CITY - ST - ZIP	Winter Haven, FL 33880		
5.1 TITLE	DT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME	Loop, Pauline		
5.3 STREET ADDRESS	607 Patrick Ave. JPV		
5.4 CITY - ST - ZIP	Winter Haven, FL 33880		
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 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: *June DuBose, June DuBose* DATE: **1-24-96** DAYTIME PHONE #: **941-293-9020**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)