

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 # 711287 (3)

1. Corporation Name

FORT KING BAPTIST CHURCH, INC.



Principal Place of Business

911 N.E. 8TH AVENUE  
OCALA FL 32670

Mailing Address

911 N.E. 8TH AVENUE  
OCALA FL 32670

3. Date Incorporated or Qualified  
08/02/1966

3a. Date of Last Report  
04/20/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number

59-3155020

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

9. Name and Address of Current Registered Agent

NELREA  
1950 SW 4TH AVE  
OCALA FL 32674

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME MARKHAM, HENRY W.  
STREET ADDRESS 2101 N.E. 49TH ST.  
CITY - ST - ZIP Ocala FL

TITLE C ☒ DELETE  
NAME MADDOX, GEORGIA  
STREET ADDRESS 1240 NE 10 AVENUE  
CITY - ST - ZIP Ocala, FL 0

TITLE D ☐ DELETE  
NAME BRYANT, JOYCE  
STREET ADDRESS 1269 E S S BLVD.  
CITY - ST - ZIP Ocala, FL 0

TITLE TD ☐ DELETE  
NAME BURRY, NELREA  
STREET ADDRESS 1950 SW 4TH AVE  
CITY - ST - ZIP Ocala FL

TITLE D ☐ DELETE  
NAME FLOSSIE, KEEL  
STREET ADDRESS 300 SW 19TH ST  
CITY - ST - ZIP Ocala, FL 00000

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

Clerk  
Wessner, Rosetta  
4260 S.E. 61st St.  
Ocala, FL., 34478

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/96 352-629-0958  
Daytime Phone #

CR2E037 (12/95)