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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 711334

(3)

1. Corporation Name

WINSTON BAPTIST CHURCH, INC.

Principal Place of Business

3233 OLD TAMPA HIGHWAY  
LAKELAND FL 33803

Mailing Address

3233 OLD TAMPA HIGHWAY  
LAKELAND FL 33803



3. Date Incorporated or Qualified

08/12/1966

3a. Date of Last Report

04/06/1995

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

24

25

29

30

9. Name and Address of Current Registered Agent

MATHERS CLINTON D  
1025 W. SOCRUM LOOP RD.  
#5  
LAKELAND FL 33809

10. Name and Address of New Registered Agent

81 Name

Lloyd A Shell President

82 Street Address (P.O. Box Number is Not Acceptable)

8125 Simpson Lane

83

84 City

Lakeland

FL

85

Zip Code

33809

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

*Lloyd A Shell*

(NOTE: Registered Agent's signature required when reinstating)

DATE

4-1-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D WILLIS, HALL  
STREET ADDRESS 1319 JAMES ST.  
CITY-ST-ZIP LAKELAND FL 33801

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME VP Clinton D. Mathers  
STREET ADDRESS 1025 W. Socrum Rd.  
CITY-ST-ZIP Lakeland, Fl. 33809

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME STD  
2.3 STREET ADDRESS Patsy Shell  
2.4 CITY-ST-ZIP 8125 Simpson Lane  
Lakeland, Fl. 33809

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME Eunice Castle  
4.3 STREET ADDRESS 3728 Old Tampa Hy.  
4.4 CITY-ST-ZIP Lakeland, Fl. 33803

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

*Clinton D. Mathers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

4-1-96 858-0134

Daytime Phone #

CR2E037 (12/95)