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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711334

WINSTON BAPTIST CHURCH, INC.

(3)

FILED Mar 04 1997 8:00am Secretary of State

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Principal Place of Business		Mailing Address					H 4	\$101 1 8 1011 011	
3233 OLD TAMPA HIGHWAY		3233 OLD TAMPA HIGHV	WAY						
LAKELAND FL 33803		LAKELAND FL 33803-161	3						
						3. Date Incorporated or Qualified 08/12/1966		of Last Re 4/26/199	
2. Principal Place of Busines	S	2a. Mailing Address				4. FEI Number			plied For
21		26				59-2580441			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & State		City & State				6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added t	
Zip	Country	Zip	Col	untry		8. This corporation has liability for	r intangible ta	ax under s.	199.032,
24 25		29	30				Yes 🗌		
9. Name an	d Address of Current	Registered Agent		-	:	10. Name and Address of New F	legistered A	gent	
				81	Name				
SHELL, LLOYD A 8125 SIMPSON LANE				82	Street Ad	dress (P.O. Box Number is Not Accept	able)		
#5				83					
LAKELAND FL 33807				84	City	······	FL	85 Zip (Code
11. Pursuant to the provision	s of Sections 617.0502	and 617.1508, Florida Stat	tutes, the a	above	-named co	orporation submits this statement for the		hanging it	s registered
office or registered agen agent. I am lamiliar with.	t, or both, in the State c and accept the obligat	ol Florida. Such change wa tions of, Section 617.0503.	s authorize Florida Sta	ed by atules.	the corpor	orporation submits this statement for the ration's board of directors. I hereby acc	ept the appoi	ntment as	registered
									•
SIGNATURE									
SIGNATURE Signature, lyped or p	minted name of registered agen	t and tille if applicable (N	OTE Registere	ed Agen	it signature rec	quired when reinstating)	DATE		
Signature, typed or p	orinled name of registered agent OFFICERS AND	DIRECTORS	13.		it signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND I		
Signature, lyped or p 12. TITLE D	OFFICERS AND		13. 1.1 T	TITLE	it signature rec		ICERS AND I	DIRECTOR Change	
Signature, lipped or 12.	OFFICERS AND	DIRECTORS	13, 1.1 T 1.2 N	TITLE NAME			ICERS AND I		
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12. D WILLIS, HA	OFFICERS AND ALL S ST. FL 33801	DIRECTORS	13. 1.1 T 1.2 N 1.3 S 1.4 Q 2.1 T	TITLE NAME STREET A CITY-ST	ADDRESS		ICERS AND		Addition
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Signature, lyped or 1 12. TITLE D WILLIS, HA STREET ADDRESS 1319 JAME CITY-SI-ZIP LAKELAND TITLE VP NAME MATHERS, SIREET ADDRESS 1025 W. S	OFFICERS AND ALL S ST. FL 33801 CLINTON D OCRUM RD	DIRECTORS DELETE	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S	TITLE NAME STREET A CITY-ST TITLE NAME STREET A	ADDRESS - ZIP ADDRESS		ICERS AND	Change	☐ Addition
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