FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 AM 8:38

DOCUMENT # 712250 (0)

1. Corporation Name
SHADY GROVE BAPTIST CHURCH INC., BONIFAY, FLORID A

Principal Place of Business	Mailing Address
RT 3 BOX 844 BONIFAY FL 32425	RT 3 BOX 844 BONIFAY FL 32425

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/14/1967
3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-2137823 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

SMITH, GEORGE D
RT. 3 BOX 890
DOGWOOD LAKES ESTATE
BONIFAY FL 32425

10. Name and Address of New Registered Agent

81 Name: DON ROBINSON
82 Street Address (P.O. Box Number is Not Acceptable): RT. 2 BOX 44
83
84 City: CARYVILLE FL 85 Zip Code: 32427

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: Donald E. Robinson — DON ROBINSON — JANUARY 22, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	SMITH, GEORGE D	1.2 NAME	DON ROBINSON	
STREET ADDRESS	RT 3 BOX 890 DOGWOOD ESTATE	1.3 STREET ADDRESS	RT.2 BOX 44	
CITY-ST-ZIP	BONIFAY FL 32425	1.4 CITY-ST-ZIP	CARYVILLE, FLORIDA 32427	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	ROBINSON, DON	2.2 NAME	GUY JOHNSON	
STREET ADDRESS	RT 2 BOX 44	2.3 STREET ADDRESS	RT. 3 BOX 908	
CITY-ST-ZIP	CARYVILLE FL 32427	2.4 CITY-ST-ZIP	BONIFAY, FLORIDA 32425	
TITLE	PCD	3.1 TITLE	PCD	☒ Change ☒ Addition
NAME	KNELLER, DEAN E	3.2 NAME	THOMAS W. MILLER	
STREET ADDRESS	RT 3 BOX 1388	3.3 STREET ADDRESS	RT. 2 BOX 61	
CITY-ST-ZIP	BONIFAY FL 32425	3.4 CITY-ST-ZIP	CARYVILLE, FLORIDA 32427	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(i), 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: Louise H. Hall — LOUISE H. HALL — 1-19-95 — 904-457-3325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Tresa

0026704