

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

FILED  
Jan 29 1996 8:00am  
Secretary of State



DOCUMENT # 712831 (7)

1. Corporation Name

NORTH BAY BAPTIST CHURCH, INC.

Principal Place of Business

1202 VIRGINIA AVENUE  
LYNN HAVEN FL 32444

Mailing Address

1202 VIRGINIA AVENUE  
LYNN HAVEN FL 32444

3. Date Incorporated or Qualified

05/29/1967

3a. Date of Last Report

01/26/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

WALSINGHAM, WILLIE E.  
3405 ORCHARD ROAD  
PANAMA CITY FL 32405

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

71-2831130

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

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 block if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------|---|---|
| TITLE                      | PD                    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WALSINGHAM, WILLIE E. | 1.2 NAME  |   |
| STREET ADDRESS             | 3405 ORCHARD RD.      | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | PANAMA CITY FL        | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VD                    | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WISE, HAYES           | 2.2 NAME  |   |
| STREET ADDRESS             | 1604 CAROLINA AVE     | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | LYNN HAVEN FL         | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VD                    | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HENRY, CORDELL        | 3.2 NAME  |   |
| STREET ADDRESS             | 2002 DRAKE AVE        | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | PANAMA CITY FL        | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                       | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 4.2 NAME  |   |
| STREET ADDRESS             |                       | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                       | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                       | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 5.2 NAME  |   |
| STREET ADDRESS             |                       | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                       | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                       | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

*Cordeell Henry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96 (904) 763-4885  
Date Daytime Phone #

CR2E037 (12/95)