

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am  
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **713209** (5)

1. Corporation Name  
**MAGNOLIA BAPTIST CHURCH, INC.**

Principal Place of Business <b>401 LAKESHORE DRIVE DAYTONA BCH FL 32114</b>	Mailing Address <b>401 LAKESHORE DRIVE DAYTONA BCH FL 32114-2711</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>08/17/1967</b>	3a. Date of Last Report <b>01/25/1996</b>
4. FEI Number <b>05-0024806</b>		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>DISSELKOEN JR, FRED S 22 SOUTH BEACH ST. ORMOND BCH FL 32174</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, HUBERT</b>	1.2 NAME	
STREET ADDRESS	<b>P. O. BOX 555 N/A</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELEON SPRINGS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, BILL</b>	2.2 NAME	
STREET ADDRESS	<b>2155 W. HALIFAX DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUCAS, HAROLD H.</b>	3.2 NAME	
STREET ADDRESS	<b>127 TANAGANA WAY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OSTEEN, JOHN</b>	4.2 NAME	
STREET ADDRESS	<b>56106 TYTY ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ASTOR FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TIPPINS, LEO</b>	5.2 NAME	
STREET ADDRESS	<b>1132 HILCREST DR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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:  1-8-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0001883

CR2E037 (9/96)