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 MAR 29 AM 7:26

DOCUMENT # **714457** **(9)**

1. Corporation Name

FIRST BAPTIST CHURCH OF ANTHONY, INC.

Principal Place of Business	Mailing Address
C/O WALTER K. PRIEST P. O. BOX 267-ROUTE 1. BOX 1210 ANTHONY FL 32617	C/O WALTER K. PRIEST P. O. BOX 267-ROUTE 1. BOX 1210 ANTHONY FL 32617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/18/1968
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-2327124 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

PRIEST,WALTER K
RT 1 BOX 1210
ANTHONY FL

10. Name and Address of New Registered Agent

81 Name: Palmer, Bobby J.
82 Street Address (P.O. Box Number is Not Acceptable): 2750 N.E. 95th St.
83:
84 City: Anthony **FL** 85 Zip Code: 32617

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: Bobby J. Palmer — Bobby J. Palmer, Pres. — 3/27/95
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	D	11 TITLE	VD	☒ Change ☐ Addition
NAME	GILL, DAVID	12 NAME	Dudley, Lanola Ray	
STREET ADDRESS	2890 N.E. 97TH ST. RD.	13 STREET ADDRESS	13300 N.E. 98th St.	
CITY-ST-ZIP	ANTHONY, FL 00000	14 CITY-ST-ZIP	Ft McCoy, FL 32134	
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	GRANT, MARILYN	22 NAME		
STREET ADDRESS	2650 N.W. 100TH STREET	23 STREET ADDRESS		
CITY-ST-ZIP	CITRA, FL 00000	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	GRANT, LUTHER	32 NAME		
STREET ADDRESS	10269 N.W. U.S. HWY 441	33 STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 00000	34 CITY-ST-ZIP		
TITLE	P	41 TITLE	P	☒ Change ☐ Addition
NAME	PRIEST, WALTER K	42 NAME	Palmer, Bobby J.	
STREET ADDRESS	RT 1 BOX 1210	43 STREET ADDRESS	2750 N.E. 95th St.	
CITY-ST-ZIP	ANTHONY, FL 00000	44 CITY-ST-ZIP	Anthony, FL 32617	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Marilyn C. Grant — 3/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #