FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 714457

(9)

FIRST BAPTIST CHURCH OF ANTHONY, INC.

Principal Place of Business Mailing Address						I TER 120 MENT BIEN BIEN BIEN BINDI DIBN BIEN BIEN BIEN BIEN BIEN BIEN BIEN B
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 32617-9901				
MAR DAT TO SE	vii					3. Date Incorporated or Qualified 04/18/1968 3a. Date of Last Report 04/19/1996
2. Principal Pl	ace of Business	2a. Mailing Address	Mailing Address			4. FEI Number Applied For
21		26				59-2327124 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired
22 City & State	,	City & State	 			
23	•	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Co	untry		8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30			Florida Statutes Yes X No
	9. Name and Address of Curre	ent Registered Agent		Ш,		10. Name and Address of New Registered Agent
				81	Name	
PALMER, BOBBY J				82 Street Address (P.O. Box Number is Not Acceptable)		
	. 95TH ST.					
ANTHON	Y FL 32617			83		
				84	City	B5 Zip Code
				Ш		FL B 25 0000
office or ri	enistered aneat, or both, in the Stat	e of Florida. Such change was	authorize	id by	the corn	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
agent. La	m familiar with and accept the obli	stions of Section 617,0503, Fi	lorida Sta	tutes	S	
SIGNATURE.	Signature, typed or phileproprie of registered a	gent and title it applicable. (NO	TF: Banistara	nd Arve	nl sionature	re required when reinstating) OATE OATE
12.		ND DIRECTORS	13.	ru ruc	an aignature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD	DELETE	1.1 T	ITLE		Change Addition
NAME	DUDLEY, LANOLA R		1.2 %	IAME		·
STREET ADDRESS	13300 N.E. 98TH ST.		1.3 S	TREET	ADDRESS	
CITY-ST-ZIP	FT MCCOY FL		1.4 0	ITY-S	T-ZIP	
TITLE	SD	DELETE	2.1 T	ITLE		Change Addition
NAME	GRANT, MARILYN		22 N	IAME		
STREET ADDRESS	2850 N.W. 100TH STREET		2.3 S	TREET	ADDRESS	
CITY-ST-7IP	CITRA, FL 00000			2.4 CITY-ST-ZIP 3.1 TITLE		
TITLE	D COANT LUTHEO	☐ DELETE				Change Addition
NAME	Grant, Luther 10269 N.W. U.S. HWY 441		321		ADDOCCO	
STREET ADDRESS	OCALA, FL 00000				ADDRESS	'
CITY-ST-ZIP TITLE	P	DELETE	417		ST-ZIP	Change Addition
NAME	PALMER, BOBBY J		-	NAME	1	
STREET ADDRESS	2750 N.E. 95TH ST.				ADDRESS	:
CITY - ST - ZIP	ANTHONY, FL 00000		440	iTY-\$	T-ZIP	i ·
TITLE	,	DELETE	51 T	ITLE		☐ Change ☐ Addition
NAME			52 N	IAME		
STREET ADDRESS			5.3 \$	TREET	ADDRESS	'
CITY-ST-ZIP		·		ITY-\$	T-ZIP	
TUTE		☐ DELETE	61 T	ITLE		☐ Change ☐ Addition
NAME			62 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP	ny cortify that the information curreli	ad with this filing does not avail		ITY-S		stated in Section 119.07(3)(i), Florida Statutes. I further certify that the
informatio Lam an of	n indicated on this annual report or	supplemental annual report is or the receiver or trustee empor	true and wered to	accu	rate and	that my signature shall have the same legal effect as if made under oath; that report as required by Chapter 617, Florida Statutes; and that my name

SIGNATURE: Mariles AND THEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #0011455

FILED

Mar 06 1997 8:00am

Secretary of State

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