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

APPROVED AND FILED
1995 MAY -1 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 714678 (0)

1. Corporation Name

First Baptist Church of Davie/Cooper City, Inc.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
First Baptist Church of Davie/Cooper City, Inc. 8950 Stirling Road Cooper City, FL 33024-8220	

3. Date Incorporated or Qualified: 05/29/1968
3a. Date of Last Report:
4. FEI Number: 59-1289834 ☐ 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 XXX **$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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

Miles, Ralph F., ESQ.
201 East 2nd Street
Hialeah, FL 33010

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	☐ Change ☐ Addition
NAME	Hardy, Geneva M	12 NAME	600001478846
STREET ADDRESS	9202 NW 9 Court	13 STREET ADDRESS	-05/08/95--01046--012
CITY-ST-ZIP	Plantation, FL 33324	14 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	Hewitt, Art	22 NAME	
STREET ADDRESS	5745 West Valley Green Drive	23 STREET ADDRESS	
CITY-ST-ZIP	Davie, FL 33328	24 CITY-ST-ZIP	
TITLE	P/D	31 TITLE	☐ Change ☐ Addition
NAME	Lauderdale, Virginia	32 NAME	
STREET ADDRESS	5306 SW 76 Avenue	33 STREET ADDRESS	
CITY-ST-ZIP	Davie, FL 33328	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	Shaw, Henry	42 NAME	
STREET ADDRESS	5601 SW 57 Street	43 STREET ADDRESS	
CITY-ST-ZIP	Davie, FL 33314	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	Wilson, Larry	52 NAME	
STREET ADDRESS	9611 NW 4 Street	53 STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines, FL 33024	54 CITY-ST-ZIP	
TITLE	S/D	61 TITLE	TAD 6-1-95 ☐ Change ☐ Addition
NAME	Woodward, Carolyn	62 NAME	
STREET ADDRESS	12655 SW 12 Street	63 STREET ADDRESS	
CITY-ST-ZIP	Davie, FL 33325	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: [signature] Virginia Lauderdale 04/17/95 305/434-5419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #