

**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

DOCUMENT # **715191 (3)**  
1. Corporation Name  
**FIRST BAPTIST CHURCH OF KISSIMMEE, FLORIDA, INC.**



Principal Place of Business: **1700 N BERMUDA AVE KISSIMMEE FL 34741**  
Mailing Address: **1700 N BERMUDA AVE KISSIMMEE FL 34741**

3. Date Incorporated or Qualified: **08/29/1968**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-0747304**  
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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent  
**EPPELSON, HAROLD C.  
1610 LOND AVE  
KISSIMMEE FL 34744**

10. Name and Address of New Registered Agent  
81 Name: **Timmy Lee Wilder**  
82 Street Address (P.O. Box Number is Not Acceptable): **3767 BUFFALO CT.**  
83  
84 City: **Kissimmee** FL 85 Zip: **34746**

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: Timmy Lee Wilder DATE: April 26, 1996  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	<b>CORLEY, AUSTIN</b>	
STREET ADDRESS	<b>2814 VIRGINIA STREET</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	<b>EPPELSON, HAROLD C J</b>	
STREET ADDRESS	<b>1537 TRUMBULL STREET</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	<b>FEW, CHARLIE</b>	
STREET ADDRESS	<b>2406 CATHERINE STREET</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>J. C. Clemons</b>	
1.3 STREET ADDRESS	<b>629 Adriane Park Cir.</b>	
1.4 CITY-ST-ZIP	<b>Kissimmee, FL 34744</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Verrett McTeer</b>	
3.3 STREET ADDRESS	<b>1601 Regal Oak Dr.</b>	
3.4 CITY-ST-ZIP	<b>Kissimmee, FL 34744</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Timmy Lee Wilder J. C. Clemons DATE: April 26<sup>th</sup> 1996 (407) 847-3888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)