

**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 # 715933 (8)**  
1. Corporation Name  
**SANTA ROSA SHORES BAPTIST CHURCH, INC.**



Principal Place of Business Mailing Address  
**HIGHWAY 98 P O BOX 40 - 3165 HIGHWAY 98 GULF BREEZE FL 32562-7040**

3. Date Incorporated or Qualified **01/23/1969** 3a. Date of Last Report **03/28/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>NOT APPLICABLE</b>	Not Applicable
22	22	27	27	5.	Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
	City & State		City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
23	23	28	28	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Zip		Country			
24	24	29	29			
	Country		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>DAVIS, ROBERT WILLIAM 411 YORK DRIVE GULF BREEZE FL 32561</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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>SD</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>STANKWITZ, WINIFRED</b>			1.2 NAME	<b>WILLET, GLENDA</b>		
STREET ADDRESS	<b>3328 MAPLEWOOD</b>			1.3 STREET ADDRESS	<b>910 NARGO DRIVE</b>		
CITY - ST - ZIP	<b>GULF BREEZE FL</b>			1.4 CITY - ST - ZIP	<b>PENSACOLA BEACH, FL 32561</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE		2.1 TITLE			
NAME	<b>DUCE, ED</b>			2.2 NAME			
STREET ADDRESS	<b>4593 SOUNDSIDE</b>			2.3 STREET ADDRESS			
CITY - ST - ZIP	<b>GULF BREEZE, FL 00000</b>			2.4 CITY - ST - ZIP	<b>32561</b>		
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DAVIS, ROBERT</b>			3.2 NAME			
STREET ADDRESS	<b>411 YORK DR</b>			3.3 STREET ADDRESS			
CITY - ST - ZIP	<b>GULF BREEZE, FL 00000</b>			3.4 CITY - ST - ZIP			
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE		4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MURPHY, ERNEST E</b>			4.2 NAME			
STREET ADDRESS	<b>3610 EBB TIDE ANE</b>			4.3 STREET ADDRESS			
CITY - ST - ZIP	<b>GULF BREEZE, FL 00000</b>			4.4 CITY - ST - ZIP	<b>32561</b>		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				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 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: Ernest E. Murphy Date: 2/10/96 Daytime Phone #: 904-932-5620

CR2E037 (12/95)