

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 # 716204

(3)

1. Corporation Name

DIXIELAND BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

404 W. BELMAR
P.O. BOX 2133
LAKELAND FL 33806-2133

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P.O. BOX 2133
LAKELAND FL 33806-2133

3. Date Incorporated or Qualified

03/14/1969

3a. Date of Last Report

04/05/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2411851

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEARSON, GARY H.
1603 SOUTH UNITAH AVE.
LAKELAND FL 33803

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 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

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 ☐ DELETE

NAME D
ARRINGTON, DAVID
STREET ADDRESS 2774 GALE ROSE DRIVE
CITY-ST-ZIP LAKELAND FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1128 DRIGGERS ROAD
LAKELAND, FL 33809

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME D
IMES, HOWARD
STREET ADDRESS 609 CAREY PLACE
CITY-ST-ZIP LAKELAND FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE ☐ DELETE

NAME D
YOUNG, FOY J. (MRS.)
STREET ADDRESS 1105 S. KING AVE.
CITY-ST-ZIP LAKELAND FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE ☐ DELETE

NAME T
IMES, TERESA
STREET ADDRESS 609 CAREY PLACE
CITY-ST-ZIP LAKELAND FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE ☐ DELETE

NAME D
CONNERS, THEODORE
STREET ADDRESS 1104 S LINITAH AVE
CITY-ST-ZIP LAKELAND FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE ☐ DELETE

NAME D
MILLER, TERRY
STREET ADDRESS 405 W HANCOCK
CITY-ST-ZIP LAKELAND FL

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Howard Imes

17 MAR. 96

941

686-1590

CR2E037 (12/95)