

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mothman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 716933 (7)

1. Corporation Name

RAINBOW LAKES BAPTIST CHURCH, INC

Principal Place of Business

19756 SW BEACH BLVD.
DUNNELLON FL 34431

Mailing Address

C/O REV. DON MCMELLON
21208 S.W. HONEYSUCKLE ST.
DUNNELLON FL 34431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1969

3a. Date of Last Report

04/14/1994

4. FBI Number

59-1707169

Applied For

Not Applicable

2. Principal Place of Business (CHURCH)

21 RAINBOW LAKES BAPTIST

Suite, Apt. #, etc.

22 19756 SW BEACH BLVD.

City & State

23 DUNNELLON, FL

Zip

24 34431

Country

25 U.S.A.

2a. Mailing Address

26 REV. JAMES W. HILBURN

Suite, Apt. #, etc.

27 21208 SW HONEYSUCKLE ST.

City & State

28 DUNNELLON, FL

Zip

29 34431

Country

30 U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☒

\$68.75 Supplemental
Fee Not Required

Tax Exempt Status

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

MC MELLON, DON
21208 SW HONEYSUCKLE ST.
DUNNELLON FL 34431

10. Name and Address of New Registered Agent

81 Name

REV. JAMES W. HILBURN

82 Street Address (P.O. Box Number is Not Acceptable)

21208 SW HONEYSUCKLE ST.

83

84 City

DUNNELLON,

FL

85 Zip Code

34431-3403

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

Rev. James W. Hilburn

-REV. JAMES W. HILBURN

04/14/95

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MDS
MCMELLON, DON
21208 SW HONEYSUCKLE ST.
DUNNELLON FL 34431

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
ANDERSON, DOLORES A
22332 SW NAUTILUS BLVD.
DUNNELLON FL 34431

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
ROBBINS, JOHN L
1298 S.W. SHOREWOOD DR. N.
DUNNELLON FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
MDS
REV. JAMES W. HILBURN
21208 SW HONEYSUCKLE ST.
DUNNELLON, FL 34431-3403

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
TD
TESSIE L. USRY
20090 WOOD DUCK DR.
DUNNELLON, FL 34432-5843

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
PD
LOUIS A. BRIND
21184 SW HONEYSUCKLE ST.
DUNNELLON, FL 34431-3403

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Change Addition
200001540652
-07/18/95--01105--026
*****70.00 *****70.00

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
Change Addition

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 110.07(3)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Tessie L. Usry

- TESSIE L. USRY

4/14/95-904-489-528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Typed Name)