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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # 717399 (0)

1. Corporation Name  
**FIRST BAPTIST CHURCH OF ROCK SPRINGS, INC.**

Principal Place of Business Mailing Address  
PO BOX 1653 PO BOX 1653  
APOPKA FL 32712 APOPKA FL 32712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/21/1969 3a. Date of Last Report 03/01/1994  
4. FBI Number 59-1967748 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  \$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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**HELEN ANN RIOANPAA  
171 TRAILER HAVEN LANE  
APOPKA FL 32712**

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

12. OFFICERS AND DIRECTORS  
TITLE ST  
NAME BUTCHER, VIRGINIA  
STREET ADDRESS 1112 N ROCBS SPG RD  
CITY-ST-ZIP APOPKA FL  
TITLE PT  
NAME HELIA ANN RIDDENPA  
STREET ADDRESS 171 TRAILER HAVEN LANE  
CITY-ST-ZIP APOPKA FL  
TITLE T  
NAME QUYLESS, FORCE  
STREET ADDRESS 2812 KELLY PARK RD  
CITY-ST-ZIP APOPKA FL  
TITLE T  
NAME MRS. EDITH NIPPER  
STREET ADDRESS 1755 SUNBRUST DR.  
CITY-ST-ZIP APOPKA FL  
TITLE T  
NAME FAIRCLOTH, ROBERT,  
STREET ADDRESS P.O. BOX 1042 N/A  
CITY-ST-ZIP APOPKA FL 32704  
TITLE T  
NAME SIMMONS, PHIL,  
STREET ADDRESS 3145 PHIL'S LANE  
CITY-ST-ZIP APOPKA FL 32712

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ST  Change  Addition  
1.2 NAME BOYER, DIANE  
1.3 STREET ADDRESS 718 ROLLING GREEN DR.  
1.4 CITY-ST-ZIP APOPKA FL. 32703  
2.1 TITLE T  Change  Addition  
2.2 NAME JERRY SMITH  
2.3 STREET ADDRESS 121 W. ORANGE ST.  
2.4 CITY-ST-ZIP APOPKA FL. 32703  
3.1 TITLE T  Change  Addition  
3.2 NAME FAY RICHARDSON  
3.3 STREET ADDRESS P.O. BOX 2561  
3.4 CITY-ST-ZIP APOPKA FL. 32704  
4.1 TITLE T  Change  Addition  
4.2 NAME BOYER, DIANE  
4.3 STREET ADDRESS 718 ROLLING GREEN DR.  
4.4 CITY-ST-ZIP APOPKA FL. 32703  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME T  
6.3 STREET ADDRESS GENEVNA WALKER  
6.4 CITY-ST-ZIP P.O. BOX 895  
PLYMOUTH FL. 32768

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 140.03(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: **FAY RICHARDSON** *Fay Richardson* 3-13-95 (407) 886-4028  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)