

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN 30 AM 9:40

DOCUMENT # 717604 (3)  
1. Corporation Name  
FIRST BAPTIST CHURCH OF JASMINE LAKES, INC.

Principal Place of Business  
6835 JASMINE BLVD.  
PORT RICHEY FL 34668

Mailing Address  
6835 JASMINE BLVD.  
PORT RICHEY FL 34668

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/24/1969  
3a. Date of Last Report: 02/10/1994  
4. FEI Number: 59-1500798  
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

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

8. Name and Address of Current Registered Agent  
BISSINGER, ALBERT  
8002 THATCH TERR.  
HUDSON FL 34667

10. Name and Address of New Registered Agent

81	Name	Richard Bureau
82	Street Address (P.O. Box Number is Not Acceptable)	10516 Tapestry
83		
84	City	Port Richey
	FL	85
		Zip Code
		34668

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: *Richard Bureau*  
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS (NOTE: Registered Agent signature required when reinstating)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD
NAME	CLEAVER, LINDA
STREET ADDRESS	10414 FLAGSHIP AVENUE
CITY-ST-ZIP	PORT RICHEY FL
TITLE	CD
NAME	BISSINGER, ALBERT
STREET ADDRESS	8002 THATCH TERRACE
CITY-ST-ZIP	HUDSON FL
TITLE	TD
NAME	BROOKS, JEWELL
STREET ADDRESS	7821 ARBORDALE DR.
CITY-ST-ZIP	PORT RICHEY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	CD
2.3 STREET ADDRESS	Bureau, Richard
2.4 CITY-ST-ZIP	10516 Tapestry
3.1 TITLE	
3.2 NAME	Port Richey, FL
3.3 STREET ADDRESS	34668
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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 110.07(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: *Linda Cleaver*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-95  
813-8632567