

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

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



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

3. Date Incorporated or Qualified **11/24/1969**      3a. Date of Last Report **01/30/1995**

|                                |  |                     |  |   |  |   |  |
|--------------------------------|--|---------------------|--|---|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 4. FEI Number   |  | Applied For   |  |
| 21                             |  | 26                  |  | <b>59-1500798</b>   |  | <input type="checkbox"/> Not Applicable                             |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 5. Certificate of Status Desired  |  | <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>      |  |
| 22                             |  | 27                  |  | 6. Election Campaign Financing Trust Fund Contribution                                  |  | <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>         |  |
| City & State                   |  | City & State        |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| 23                             |  | 28                  |  | 24  |  | 25  |  |
| Zip                            |  | Country             |  | Zip   |  | Country   |  |
| 24                             |  | 25                  |  | 29  |  | 30  |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent   |  |  |  | 10. Name and Address of New Registered Agent  |  |  |  |
| <b>BUREAU, RICHARD</b><br><b>8002 THATCH TERR.</b><br><b>10518 TAPESTRY</b><br><b>PORT RICHEY, FL 34668</b> |  |  |  | 81 Name <b>Mike Ortaliz</b>   |  |  |  |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>10336 Leaning Oak Dr.</b> |  |  |  |
|   |  |  |  | 83  |  |  |  |
|   |  |  |  | 84 City <b>Port Richey</b> <b>FL</b> 85 Zip Code <b>34668</b>                         |  |  |  |

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 *Michael D. Ortaliz*  
 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                      | <b>SD</b>                    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>CLEAVER, LINDA</b>        | 1.2 NAME  |  |
| STREET ADDRESS             | <b>10414 FLAGSHIP AVENUE</b> | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | <b>PORT RICHEY FL</b>        | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <b>CD</b>                    | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BUREAU, RICHARD</b>       | 2.2 NAME  | <b>TR Cleaver, Edward</b>  |
| STREET ADDRESS             | <b>10518 TAPESTRY</b>        | 2.3 STREET ADDRESS                                    | <b>10414 Flagship Ave</b>  |
| CITY - ST - ZIP            | <b>PORT RICHEY FL</b>        | 2.4 CITY - ST - ZIP                                   | <b>Port Richey, FL 34668</b>   |
| TITLE                      | <b>TD</b>                    | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BROOKS, JEWELL</b>        | 3.2 NAME  | <b>Cleaver, Linda</b>  |
| STREET ADDRESS             | <b>7821 ARBORDALE DR.</b>    | 3.3 STREET ADDRESS                                    | <b>10414 Flagship Ave</b>  |
| CITY - ST - ZIP            | <b>PORT RICHEY FL</b>        | 3.4 CITY - ST - ZIP                                   | <b>Port Richey FL 34668</b>  |
| TITLE                      |                              | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                              | 4.2 NAME  |  |
| STREET ADDRESS             |                              | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                              | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                              | 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                      |                              | 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: *Linda Cleaver*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-10-96**  
 Date

**813-863-5467**  
 Daytime Phone #

CR2E037 (3/96)