FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:29

DOCUMENT # 721071 (9)

1. Corporation Name
SIMMONS LOOP BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
6610 SIMMONS LOOP RIVERVIEW FL 33569	6610 SIMMONS LOOP RIVERVIEW FL 33569

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1971
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1677093 ☐ 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	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

COMBS, GARLAND, REV.
12912 LEADWOOD DRIVE
RIVERVIEW FL 33569

10. Name and Address of New Registered Agent

81 Name: Floyd Carlton
82 Street Address (P.O. Box Number is Not Acceptable): 10415 Cone Grove Rd.
83
84 City: Riverview FL 85 Zip Code: 33569

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: Floyd Carlton
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 5/17/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	Presidents	☒ Change ☐ Addition
NAME	COMBS, GARLAND	12 NAME	Floyd Carlton	
STREET ADDRESS	12912 LEADWOOD DRIVE	13 STREET ADDRESS	10415 Cone Grove Rd.	
CITY-ST-ZIP	RIVERVIEW FL	14 CITY-ST-ZIP	Riverview, Fl. 33569	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	ED KILLEBREW	22 NAME		
STREET ADDRESS	3214 PEARSON RD	23 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL	24 CITY-ST-ZIP		
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	RONALD CARROLL	32 NAME		
STREET ADDRESS	1608 SE 1ST. ST	33 STREET ADDRESS		
CITY-ST-ZIP	RUSKIN FL	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	PHILPOTT, MARJA	42 NAME		
STREET ADDRESS	9926 VAUGHN STREET	43 STREET ADDRESS		
CITY-ST-ZIP	GIBSONTON FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Marja Philpott Marja Philpott 4-20-95 813-677-9310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062811