

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **723237** (4)

1. Corporation Name
RAMONA PARK CHURCH, INC.



Principal Place of Business Mailing Address
U S 41 SOUTH PO BOX 1575 LAKE CITY FL 32056

3. Date Incorporated or Qualified **04/21/1972** 3a. Date of Last Report **04/06/1995**
4. FEI Number **23-7209051** 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**
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. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**ENLOW, ELMER
U.S. 41 SOUTH, RT. 6, BOX 165-D
LAKE CITY FL 32055**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="radio"/> DELETE	1.1 TITLE	James Johnson JR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANCY, KERRY	1.2 NAME	Rt 9 Box 576
STREET ADDRESS	RT 1 BOX 107, RT 137 S	1.3 STREET ADDRESS	Lake City Florida 32024
CITY-ST-ZIP	WELLBORN FL	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="radio"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETRY, JAMES	2.2 NAME	Enlow, Elmer
STREET ADDRESS	RT 1 BOX 276, RT 252 WEST	2.3 STREET ADDRESS	Rt 6 Box 165 D
CITY-ST-ZIP	WELLBORN FL	2.4 CITY-ST-ZIP	Lake City Florida 32055
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, PAUL	3.2 NAME	
STREET ADDRESS	RT 4 BOX 390/ RT 90 WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUMMRICH, JERRY	4.2 NAME	
STREET ADDRESS	RT. 14, BOX 189 SUMMERHILL RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="radio"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, PAUL	5.2 NAME	
STREET ADDRESS	RT. 4, BOX 390, RT. 90 WEST	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32055	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, PETRY	6.2 NAME	
STREET ADDRESS	RT 1 BOX 276/ RT 252 WEST	6.3 STREET ADDRESS	
CITY-ST-ZIP	WELLBORN FL	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: *James T. Dancy* 8 April 1996 (1904) 755 2514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)