

SECOND-NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moulton Secretary DIVISION OF CORPORATIONS
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DOCUMENT # **723651** (6).

1. Corporation Name

FIRST BAPTIST CHURCH OF SHADY HILLS, INC.

Principal Place of Business

Mailing Address

**16902 SHADY HILLS RD
P.O. BOX 11487
SPRING HILL FL 34610-0487**

**16902 SHADY HILLS RD
P.O. BOX 11487
SPRING HILL FL 34610-0487**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1972

3a. Date of Last Report

02/15/1996

4. FEI Number

59-2022225

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRENGER, JOHN W
18250 GREENSBORO ST
SPRING HILL FL 34610**

*Gignac Jacqueline
14904 Pauline Dr.
Hudson, FL 34669-1245*

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

Arthur M. Martin
Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered agent signature required when reinstalling)

DATE

10/31/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DT** ☐ DELETE
NAME **MARTIN, ARTHUR**
STREET ADDRESS **13905 HUDSON AVAE**
CITY-ST-ZIP **HUDSON FL**

TITLE **S** ☐ DELETE
NAME **GIGNAC, JACQUELINE**
STREET ADDRESS **14905 PAULINE DRIVE**
CITY-ST-ZIP **HUDSON FL**

TITLE **DT** ☐ DELETE
NAME **GIGNAC, GEORGE**
STREET ADDRESS **14904 PAULINE DR.**
CITY-ST-ZIP **HUDSON FL**

TITLE **CDT** ☒ DELETE
NAME **FRENGER, JOHN W**
STREET ADDRESS **18250 GREENSBORO ST**
CITY-ST-ZIP **SPRING HILL FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
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

☐ Change ☐ Addition
500002341795-4
-11/07/97-01089-008
*******61.25 *****61.25**

*Treas.
Gignac Jacqueline
14904 Pauline Dr
Hudson, FL*

*JB
11-6-97*

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Arthur M. Martin* SIGNATURE REQUIRED

FILED
97 NOV -5 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E037 (4/97)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # 723651

1. Corporation Name

FIRST BAPTIST CHURCH OF SHADY HILLS, INC.

Principal Place of Business

16902 SHADY HILLS RD
P.O. BOX 11487
SPRING HILL FL 34610-0487

Mailing Address

16902 SHADY HILLS RD
P.O. BOX 11487
SPRING HILL FL 34610-0487



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

06/12/1972

5. FEI Number

59-2022225

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DT	MARTIN, ARTHUR	13905 HUDSON AVAE	HUDSON FL
S	GIGNAC, JACQUELINE	14905 PAULINE DRIVE	HUDSON FL
DT	GIGNAC, GEORGE	14904 PAULINE DR.	HUDSON FL
CDT	FRENGER, JOHN W	18250 GREENSBORO ST	SPRING HILL FL

8. Name and Address of Current Registered Agent

FRENGER, JOHN W
18250 GREENSBORO ST
SPRING HILL FL 34610

9. Name and Address of New Registered Agent

Name

Jacqueline Gignac

Street Address (P.O. Box Number is Not Acceptable)

14904 Pauline Drive

Suite, Apt. #, Etc.

Hudson

City

State

FL

Zip Code

34610

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Jacqueline Gignac

REGISTERED AGENT MUST SIGN

Date **10-31-97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Jacqueline Gignac

SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING OFFICER OR DIRECTOR

10-31-97

Date

Daytime Phone #

CR20040 (8/97)