

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 APR 10 PM 1:43**

DOCUMENT # **723768** (8)  
1. Corporation Name

**BRIARCLIFF BAPTIST CHURCH, INC.**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/26/1972</b>	3a. Date of Last Report <b>03/28/1994</b>
4. FEI Number <b>59-2136473</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>6082 BRIARCLIFF RD. FT. MYERS FL 33912</b>		2a. Mailing Address <b>6082 BRIARCLIFF RD. FT. MYERS FL 33912</b>	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	22. City & State	28. City & State
23. Zip	25. Country	29. Zip	30. Country

8. Name and Address of Current Registered Agent

**ANDERSON, LEONARD WM.  
6082 BRIARCLIFF RD.  
FT. MYERS FL 33912**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>TINER, MARK</b>
STREET ADDRESS	<b>18051 CREEK DR</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>
TITLE	<b>D</b>
NAME	<b>KELLEY, ART</b>
STREET ADDRESS	<b>6940 HENDRY CR DR</b>
CITY-ST-ZIP	<b>FT. MYERS. FL.</b>
TITLE	<b>D</b>
NAME	<b>MARTIN, GREG</b>
STREET ADDRESS	<b>7584 CAPTIVA BLVD</b>
CITY-ST-ZIP	<b>FT MYERS, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>PROVENZANO, THOMAS</b>
STREET ADDRESS	<b>8201 SANIBEL BLVD</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>
TITLE	<b>PD</b>
NAME	<b>ANDERSON, LEONARD W.</b>
STREET ADDRESS	<b>15748 ANDERSON LN.</b>
CITY-ST-ZIP	<b>FT.MYERS FL</b>
TITLE	<b>D</b>
NAME	<b>BURTON, ROBERT</b>
STREET ADDRESS	<b>17465 HOMEWOOD RD</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Leonard W. Anderson 4-4-95 (813) 481-8080