

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

APPROVED  
AND  
FILED

95 MAY -1 PM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 723781 (1)**  
1. Corporation Name  
**FIRST BAPTIST CHURCH OF DELTONA, INC**

Principal Place of Business Mailing Address  
**1200 PROVIDENCE BLVD.  
DELTONA FL 32725-7393** **1200 PROVIDENCE BLVD.  
DELTONA FL 32725-7393**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/30/1972** 3a. Date of Last Report **04/27/1994**  
4. FEI Number **59-1416972** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip 29 Country 30 Country  
**24 32725-7393 25 VOLUSIA 29 32725-7393 30 VOLUSIA**

9. Name and Address of Current Registered Agent  
**HERCHENRODER, DONALD J.  
1087 WEST HANCOCK DRIVE  
DELTONA FL 32725**

10. Name and Address of New Registered Agent  
81 Name **SAM HARMAN**  
82 Street Address (P.O. Box Number is Not Acceptable) **2838 ARRENDONDA DR**  
83  
84 City **DELTONA** FL 85 Zip Code **32738**

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 **SAM HARMAN** Registered Agent Signature (required when registering) DATE **4-17-95**

12. OFFICERS AND DIRECTORS  
TITLE P  
NAME **HERCHENRODER, DONALD J.**  
STREET ADDRESS **1087 WEST HANCOCK DRIVE**  
CITY-ST-ZIP **DELTONA FL**  
TITLE D  
NAME **PRESCOTT, CHARLES R.**  
STREET ADDRESS **645 HYMAN DRIVE**  
CITY-ST-ZIP **DEBARY FL**  
TITLE T  
NAME **HARMAN, SAM**  
STREET ADDRESS **2838 ARRENDONDA DR.**  
CITY-ST-ZIP **DELTONA, FL 00000**  
TITLE D  
NAME **SCHRIMMSCHER FERREL W**  
STREET ADDRESS **1311 W HARTLEY CIR**  
CITY-ST-ZIP **DELTONA, FL 00000**  
TITLE D  
NAME **PALMER, DON**  
STREET ADDRESS **1200 PROVIDENCE BLVD**  
CITY-ST-ZIP **DELTONA FL**  
TITLE D  
NAME **PALMER, DON**  
STREET ADDRESS **1200 PROVIDENCE BLVD**  
CITY-ST-ZIP **DELTONA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE T  Change  Addition  
1.2 NAME **TIM SHANK**  
1.3 STREET ADDRESS **1782 HARBINGER TERR.**  
1.4 CITY-ST-ZIP **DELTONA, FL 32738**  
2.1 TITLE P  Change  Addition  
2.2 NAME **SAM HARMAN**  
2.3 STREET ADDRESS **2838 ARRENDONDA DR.**  
2.4 CITY-ST-ZIP **DELTONA, FL 32738**  
3.1 TITLE MD  Change  Addition  
3.2 NAME **DONALD J. HERCHENRODER**  
3.3 STREET ADDRESS **1067 WEST HANCOCK DR.**  
3.4 CITY-ST-ZIP **DELTONA, FL 32725**  
4.1 TITLE D  Change  Addition  
4.2 NAME **CHARLES R. PRESCOTT**  
4.3 STREET ADDRESS **645 HYMAN DR**  
4.4 CITY-ST-ZIP **DEBARY, FL 32713**  
5.1 TITLE D  Change  Addition  
5.2 NAME **FERREL W. SCHRIMMSCHER**  
5.3 STREET ADDRESS **1311 WEST HARTLEY CIR.**  
5.4 CITY-ST-ZIP **DELTONA, FL 32725**  
6.1 TITLE D  Change  Addition  
6.2 NAME **DON PALMER**  
6.3 STREET ADDRESS **2334 FAIRGREN AVE**  
6.4 CITY-ST-ZIP **DELTONA, FL 32738**

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: **SAM HARMAN** **SAM HARMAN** DATE **4-17-95 (407) 322-6257**