

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

APPROVED
AND
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CORPORATION
ANNUAL REPORT
1995



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

95 MAY -1 AM 10:15

DOCUMENT # **724370** (2)

1. Corporation Name

FIRST BAPTIST CHURCH OF FLORAL CITY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
8545 EAST MAGNOLIA ST. PO BOX 114 FLORAL CITY FL 32636	8545 EAST MAGNOLIA ST. PO BOX 114 FLORAL CITY FL 32636

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/18/1972	02/16/1994
4. FEI Number	Applied For Not Applicable
59-1757718	
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with IRS 601(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/> \$68.75 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

9. Name and Address of Current Registered Agent

ART, GREGORY D
7595 DUVAL ISLAND DR.
FLORAL CITY FL 34436

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ART, GREGORY	1.2 NAME	
STREET ADDRESS	7595 DUVAL ISLAND DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FLORAL CITY FL 34436	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDWELL, JOSEPH	2.2 NAME	
STREET ADDRESS	10617 E TURTLE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FLORAL CITY FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIBBARD, PAULINE	3.2 NAME	Joanne Mishou
STREET ADDRESS	COUNTY ROAD 480	3.3 STREET ADDRESS	12110 S. Old Jones Road
CITY-ST-ZIP	FLORAL CITY FL	3.4 CITY-ST-ZIP	Floral City FL 34436
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIBBARD, RICHARD	4.2 NAME	Gary Kuhl
STREET ADDRESS	8350 S. FLORIDA AVE.	4.3 STREET ADDRESS	6620 Merleing Loop
CITY-ST-ZIP	FLORAL CITY FL 34436	4.4 CITY-ST-ZIP	Floral City FL 34436
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUDLEY, MARK	5.2 NAME	
STREET ADDRESS	12780 E. LITTLE BEAR COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	FLORA CITY FL 34436	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STINSON JIM	6.2 NAME	Nancy Hannie
STREET ADDRESS	9339 E. FERRIS CT.	6.3 STREET ADDRESS	9480 E. Teala Apopka Dr
CITY-ST-ZIP	FLORAL CITY FL	6.4 CITY-ST-ZIP	Floral City FL 34436

REMITTED BY MAY

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)(b), 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: _____ DATE: 4-21-95 904-726-4296