

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **724370** (2)  
1. Corporation Name  
**FIRST BAPTIST CHURCH OF FLORAL CITY, INC.**



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

3. Date Incorporated or Qualified: **09/18/1972**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, City & State, Zip, and Country.

4. FEI Number: **59-1757718**  
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

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 (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ART, GREGORY</b>	1.2 NAME	
STREET ADDRESS	<b>7595 DUVAL ISLAND DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FLORAL CITY FL 34436</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CALDWELL, JOSEPH</b>	2.2 NAME	
STREET ADDRESS	<b>10617 E TURTLE LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FLORAL CITY FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MISHOU, JOANNE</b>	3.2 NAME	
STREET ADDRESS	<b>12110 S OLD JONES ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FLORAL CITY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KUHL, GARY</b>	4.2 NAME	
STREET ADDRESS	<b>6620 MERLEING LOOP</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FLORAL CITY FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DUDLEY, MARK</b>	5.2 NAME	<b>D Kuhl, Elicia</b>
STREET ADDRESS	<b>12780 E. LITTLE BEAR COURT</b>	5.3 STREET ADDRESS	<b>6620 Merleing</b>
CITY-ST-ZIP	<b>FLORAL CITY FL 34436</b>	5.4 CITY-ST-ZIP	<b>Floral City FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HANNIE, NANCY</b>	6.2 NAME	<b>Hannie, Steve</b>
STREET ADDRESS	<b>9480 E TSALA APOPKA DR</b>	6.3 STREET ADDRESS	<b>9480 E Tsala Apopka Dr</b>
CITY-ST-ZIP	<b>FLORAL CITY FL</b>	6.4 CITY-ST-ZIP	<b>Floral City FL</b>

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)