

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**

95 JAN 25 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 726877 (4)**  
1. Corporation Name  
**BIBLE BAPTIST CHURCH OF CHIEFLAND, INC.**

Principal Place of Business Mailing Address  
P.O. BOX 2239 CHIEFLND FL 32626 P.O. BOX 2239 CHIEFLND FL 32626

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 07/05/1973 3a. Date of Last Report 02/25/1994

4. FEI Number 59-0010748 Applied For Not Applicable

5. Certificate of Status Desired  \$0.75 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 Country 28 Zip Country  
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLLINS, MARK L  
RT 2 BOX 359 N/A  
CHIEFLND FL 32626

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 607.0602 and 607.1504, 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 conditions of Section 607.0506, Florida Statutes.

SIGNATURE *Mark L. Collins* DATE 1-20-95  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	LANGSTON, W.D.
STREET ADDRESS	NW 125 ST
CITY-ST-ZIP	CHIEFLND FL
TITLE	TD
NAME	COLSON, CARL W.
STREET ADDRESS	ROUTE 2, BOX 170, LEVY CO. RD. #458
CITY-ST-ZIP	CHIEFLND FL
TITLE	T
NAME	LEE, WILLIAM J
STREET ADDRESS	ROUTE 1, BOX 682, TOMAHAWK TRAIL
CITY-ST-ZIP	CHIEFLND FL
TITLE	S
NAME	BAILEY, CHERYL D
STREET ADDRESS	RT 2 BOX 385 NW 125 ST
CITY-ST-ZIP	CHIEFLND FL
TITLE	PT
NAME	COLLINS, MARK L
STREET ADDRESS	RT 2 BOX 359
CITY-ST-ZIP	CHIEFLND FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(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 in an attachment with an address.

SIGNATURE: *Cheryl D. Bailey* *Cheryl D. Bailey* DATE 1-20-95 493-2303  
Signature, typed or printed name of filing officer or director