

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 # **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

3. Date Incorporated or Qualified **07/05/1973** 3a. Date of Last Report **01/25/1995**
4. FEI Number **59-0010748** 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**
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 Country 29 Country 30

9. Name and Address of Current Registered Agent
**COLLINS, MARK L
RT 2 BOX 359 N/A
CHIEFLND FL 32626**
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 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: *James Fenoglio*
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	T <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGSTON, W.D.	12 NAME	
STREET ADDRESS	NW 125 ST	13 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLND FL	14 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLSON, CARL W.	22 NAME	
STREET ADDRESS	ROUTE 2, BOX 170, LEVY CO. RD. #458	23 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLND FL	24 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, WILLIAM J	32 NAME	
STREET ADDRESS	ROUTE 1, BOX 662, TOMAHAWK TRAIL	33 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLND FL	34 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAILEY, CHERYL D	42 NAME	PT JAMES FENOGLIO
STREET ADDRESS	RT 2 BOX 385 NW 125 ST	43 STREET ADDRESS	12451 NW 85th St
CITY-ST-ZIP	CHIEFLND FL	44 CITY-ST-ZIP	CHIEFLAND, FL
TITLE	PT <input type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, MARK L	52 NAME	ST
STREET ADDRESS	RT 2 BOX 359	53 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLND FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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: *James Fenoglio*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)