

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
95 JAN 23 AM 9:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **729465** (5)

1. Corporation Name  
**NASSAU BAPTIST TEMPLE, INCORPORATED**

Principal Place of Business Mailing Address  
ST. RD. 107 ROUTE 2, BOX 705 A YULEE FL 32097

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/24/1974** 3a. Date of Last Report **01/31/1994**  
4. FEI Number **59-1812802** 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 HWY A1A & BLACKROCK RD 26  
Suite, Apt. #, etc. 27  
22 101 BLACKROCK RD. 27 101 BLACKROCK RD.  
City & State 28  
23 YULEE, FLORIDA 28 YULEE, FLORIDA  
Zip Country 29 Zip Country  
24 32097 25 USA 29 32097 30 USA

9. Name and Address of Current Registered Agent  
**MONTGOMERY, (LARRY)**  
**ROUTE 2, BOX, 705A**  
**YULEE FL 32097**

10. Name and Address of New Registered Agent  
81 Name **SAME**  
82 Street Address (P.O. Box Number is Not Acceptable) **101 BLACKROCK RD.**  
83  
84 City **YULEE** FL 85 Zip Code **32097**

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 LARRY W. MONTGOMERY DATE **1-16-1995**  
Signature, typed or printed name of registered agent and title if applicable. (P.O. Box Number is Not Acceptable)

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	THRIFT, FREIL B.
STREET ADDRESS	RT 2 BOX 705 C
CITY-ST-ZIP	YULEE FL
TITLE	SD
NAME	COMBS, WAYNE
STREET ADDRESS	RT 2 BOX 321
CITY-ST-ZIP	YULEE FL
TITLE	D
NAME	TODD, LARRY
STREET ADDRESS	115 BARNWELL RD., W.
CITY-ST-ZIP	FERNANDINA BCH. FL
TITLE	P
NAME	MONTGOMERY, LARRY W DR
STREET ADDRESS	RT 2 BOX 705-B
CITY-ST-ZIP	YULEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	116 CESSNA DRIVE
1.4 CITY-ST-ZIP	YULEE, FL. 32097
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3775 GROOVER LANE
2.4 CITY-ST-ZIP	YULEE, FL. 32097
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3979 MARSH HEN AVE.
3.4 CITY-ST-ZIP	FERNANDINA BEACH, FL. 32034
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	142 CESSNA DRIVE
4.4 CITY-ST-ZIP	YULEE, FL. 32097
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)(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 as an attachment with an address.

SIGNATURE: LARRY W. MONTGOMERY DATE **1-16-1995**  
Signature and typed or printed name of signing officer or director

904-261-4818  
6029638