

**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 # 729760 (9)**  
1. Corporation Name  
**TRUSTEE CORPORATION OF THE FIRST BAPTIST CHURCH OF ZEPHYRHILLS, INC.**



Principal Place of Business      Mailing Address  
**38300 5TH AVE**      **38300 5TH AVE**  
**ZEPHYRHILLS FL 33541-4976**      **ZEPHYRHILLS FL 33541-4976**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**05/27/1974**      **08/10/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>59-0700562</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
23		28		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Zip	Country	Zip	Country				
24		29					

**9. Name and Address of Current Registered Agent**

**ODOM, STEPHEN T.**  
**5139 SECOND STREET**  
**ZEPHYRHILLS FL 33541**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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:

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>DPC</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WHITE, RODGER</b>	1.2 NAME	<b>George Evans</b>
STREET ADDRESS	<b>35108 PERCH DR</b>	1.3 STREET ADDRESS	<b>38812 Berta Drive</b>
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>	1.4 CITY-ST-ZIP	<b>Zephyrhills, FL 33540</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERGUSON, RODNEY</b>	2.2 NAME	
STREET ADDRESS	<b>38136 ARCHER AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZORIK, JOE</b>	3.2 NAME	
STREET ADDRESS	<b>7544 NAYLOR DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARRENTINE, RON</b>	4.2 NAME	
STREET ADDRESS	<b>34540 APPALOOSA TR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEPPERMAN, WOODS</b>	5.2 NAME	
STREET ADDRESS	<b>7032 FORT KING RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: Joseph Zank      5-1-96      782-5574  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CFR2E037 (12/95)