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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995	FLORIDA DEPARTMENT OF STATE Shirley B. Matheson Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729928 (2)

1. Corporation Name
BETHESDA BAPTIST CHURCH OF LAND O'LAKES, INC.

Principal Place of Business 1447 OSCEOLA HOLLOW RAD ODESSA FL 33556	Mailing Address 1447 OSCEOLA HOLLOW RAD ODESSA FL 33556
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Zip

9. Name and Address of Current Registered Agent

**BOONE, (JAMES H.)
1447 OSCEOLA HOLLOW RD
ODESSA FL 33556**

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

Signature of person or persons authorized to execute this statement (the "Signatory")

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	HAND, MARTIN
STREET ADDRESS	301 1ST AVE., SE
CITY, ST, ZIP	LUTZ FL
TITLE	D
NAME	CANNELLA, T B
STREET ADDRESS	3809 HOLLOW OAK PL
CITY, ST, ZIP	LAND LAKES FL
TITLE	D
NAME	COUGHLIN, MICHAEL
STREET ADDRESS	516 DIANE DR
CITY, ST, ZIP	SPRINGHILL FL
TITLE	PD
NAME	BOONE, JAMES H
STREET ADDRESS	1447 OSCEOLA HOLLOW RD
CITY, ST, ZIP	ODESSA FL
TITLE	D
NAME	ERB, PAT A
STREET ADDRESS	15501 N HIMES
CITY, ST, ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
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(2)(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 member 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 of this report, or on an attachment with an address.

SIGNATURE: *James H. Boone* **P/D**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/13/1974	3a. Date of Last Report 04/27/1994
4. FEI Number 59-2397719	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	

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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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SIGNATURE: *James H. Boone* **P/D**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 1995 (813) 920 9749