

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 731548 (4)
1. Corporation Name
FIRST BAPTIST CHURCH OF DUNNELLON, FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 20831 POWELL RD DUNNELLON FL 34431-6301	Mailing Address 20831 POWELL RD DUNNELLON FL 34431-6301
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3. Date Incorporated or Qualified 01/03/1975	3a. Date of Last Report 07/22/1994
4. FEI Number 59-0979920	Applied For Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SHEFFIELD, LISA F.
12001 PALMETTO WAY
DUNNELLON FL 34432**

10. Name and Address of New Registered Agent

81 Name J. Christopher Hicks	
82 Street Address (P.O. Box Number is Not Acceptable) 18750 SW 77 Place Road	
83 City Dunnellon, FL 34432	
84 City FL	85 Zip Code

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 *J. Christopher Hicks* Treasurer **4-26-95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	NAME RYMAN, ISAAC R SR.	STREET ADDRESS 12335 N OAKLEAF TERR	CITY- ST- ZIP DUNNELLON FL
TITLE SD	NAME SRMS, BETTY M.	STREET ADDRESS 9585 S.W. 190TH AVE ROAD	CITY- ST- ZIP DUNNELLON FL
TITLE VD	NAME FAIRCLOTH, FRANK E.	STREET ADDRESS 8140 N CEDAR COVE RD	CITY- ST- ZIP HERNANDO FL
TITLE T	NAME SHEFFIELD, LISA F	STREET ADDRESS 12001 PALMETTO WAY	CITY- ST- ZIP DUNNELLON 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 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Terry R. Bray
3.3 STREET ADDRESS 19971 Wood Duck Drive
3.4 CITY- ST- ZIP Dunnellon, FL 34432
4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME J. Christopher Hicks
4.3 STREET ADDRESS 18750 S.W. 77 Place Road
4.4 CITY- ST- ZIP Dunnellon, FL 34432
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 on an attachment with an address.

SIGNATURE: *J. Christopher Hicks* **J. Christopher Hicks** **4-19-95** **904-489-2730**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #