FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

731809 DOCUMENT #
1. Corporation Name

(0)

FIRST	Baptist Church Lithia, i	NC.					
Principal Place	of Business	Mailing Address			T AMBITI IRBOR FIEDT FIRRY INTIL BUILF	ann nank einir hikur binkt dibit dibit dib	А
10405 HWY.	39 SOUTH	10405 HWY. 39 SOUTH	I				
P.O. BOX 75 P.O. BOX 75			•				
LITHIA FL 33	547-7075	LITHIA FL 33547-7075					
					3. Date Incorporated or Qualified 02/07/1975	3a. Date of Last Report 02/28/1995	
 1	ace of Business	2a. Mailing Address			4. FEI Number 59-2017461	Applied For	
		[26]			33 2017 401	Not Apolical	
Suite, Apt. #, etcSuite, Apt					5. Certificate of Status Desired	\$8.75 Additional	1
City & State	5	City & State	;			Fee Required	
23			28		Election Campaign Financing Trust Fund Contribution	□ \$5.00 May Be	
Ζφ	Country	Zip	Count	v		Added to Fees	
24	25	29	30	,	8. This corporation has liability for i	ntangible tax under s. 199.032, ☐ Yes ☐ No	
	9. Name and Address of Curren		1001	·	10. Name and Address of New R		
			8	1 Name			
REDMAN	I, JAMES L.			0	(D.O. Dev. N		
121 N. COLLINS ST.			8:	Street Addi	ress (P.O. Box Number is Not Acceptab	e)	
PLANT C	OTY FL 33566		8:	3			_
			_				
			8	4 City		FL 85 Zip Code	
or register	to the provisions of Sections 617.0502 red agent, or both, in the State of Floric th, and accept the obligations of, Secti	ia. Such change was authoriz	ed by the cor	-named corpor poration's boar	ration submits this statement for the pur rd of directors. I hereby accept the appo	nose of changing its registered of	fice 1
SIGNATURE							
12.	Signature, typed or printed name of registered agent		TE: Registered Ag	ent signature require:		DATE	
TITLE	P				ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change	
NAME	TUTEN, EDDIE		1.1 TITLE 1.2 NAME			☐ Orlange ☐ Multip	"
STREET ADDRESS	11210 LITHIA PINECREST ROA	AD.		ET ADDRESS			
CITY-ST-ZIP	LITHIA FL	_					
TITLE	D	DELETE	1.4 CITY- 2.1 TITLE			☐ Change ☐ Additio	
NAME	TATOM, ROBERT		2.2 NAME			C origings C Addition	"
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	RIVERVIEW FL		2 4 CHY				
TITLE	סו	DELETE	3 1 TITLE			Change Additio	
NAME	DAVIS, C W	_	3.2 NAME			C transfer C Modello	
STREET ADDRESS	0923 LITHIA DINICPECT DO			T ADDRESS			Ì
CITY - ST - ZIP	LITHIA FL		3.4. CITY				
TITLE	D	DELETE	4.1 TITLE			Change Additio	\neg
NAME	HUNTER, NATHAN		4. 2 NAM	.			
STREET ADDRESS	10736 WALTER HUNTERR RO	AD	1	T ADDRESS			
CITY-ST-ZIP	lithia fl		4.4 CITY-	l			
TITLE	S DELETE 5.1		5.1 TITLE			Change Additio	n
NAME	ROWELL, SHIRLEY		5.2 NAME			- -	
STREET ADDRESS	3712 PORTER ROAD		5.3 STREE	T ADDRESS			
CITY-ST-ZIP	LITHIA FL		5.4 CITY -				
TITLE	D		6.1 TITLE			Change Additio	n
NAME	MAXWELL, LAMAR 6.21		6.2 NAME	l		• —	
STREET ADDRESS	2815 HARTLEY LANE		6 3 STREE	T ADDRESS			
CITY-ST-ZIP	LITHIA FL		6.4 CITY-				
44	ALE NO A MORE AND A MO	to a to the first			···		

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 chapter 617, Florida Statutes.

SIGNATURE: Was Wind OFFICER OF DIPECTOR

8/3 -737-2/38 Dayline Prione #