

**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

DOCUMENT # **732698** (6)

1. Corporation Name  
**FIRST BAPTIST CHURCH OF WIMAUMA BUILDING CORPORATION, INC.**

05/07/95 11:09:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
5701 CAMP STREET P O BOX 165 WIMAUMA FL 33598		5701 CAMP STREET P O BOX 165 WIMAUMA FL 33598		05/07/1975	05/01/1994
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For / Not Applicable
21		26		59-2476819	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23		28			
Zip	Country	Zip	Country	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
24	25	29	30		
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
HAMILTON, FRANK E. JR ESQUIRE 2620 W. KENNEDY BLVD TAMPA FL 33609				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HAMILTON, FRANK E. JR ESQUIRE 2620 W. KENNEDY BLVD TAMPA FL 33609				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (Typed or Printed Name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, J. F.	12 NAME	
STREET ADDRESS	5150 BISHOP ROAD	13 STREET ADDRESS	
CITY ST ZIP	WIMAUMA, FL 00000	14 CITY ST ZIP	
TITLE	SD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARBORO, JERRY	22 NAME	
STREET ADDRESS	20539 KEENE ROAD	23 STREET ADDRESS	
CITY ST ZIP	LITHIA, FL 00000	24 CITY ST ZIP	
TITLE	PD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEENEY, JOHN D.	32 NAME	
STREET ADDRESS	5822 CENTER STREET	33 STREET ADDRESS	
CITY ST ZIP	WIMAUMA FL	34 CITY ST ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: John D. Sweeney (John D. Sweeney) 4-13-95 634-1569  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)