

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **733917** (9)

1. Corporation Name

**FIRST BAPTIST CHURCH OF LAKE HAMILTON, INC.**

Principal Place of Business

Mailing Address

825 N.E. ALT. 27  
P.O. BOX 286  
LAKE HAMILTON FL 33851

825 N.E. ALT. 27  
P.O. BOX 286  
LAKE HAMILTON FL 33851



3. Date Incorporated or Qualified

**09/24/1975**

3a. Date of Last Report

**08/11/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARFIELD, DANNY**  
**2343 CREST DRIVE**  
**HAINES CITY FL 33845**

81 Name

**Flower, Gary**

82 Street Address (P.O. Box Number is Not Acceptable)

**3381 Country Lakes Cir.**

83

84 City

**Lake Wales**

**FL**

85 Zip Code

**33853**

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]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**8/3/96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD**  
**FLOWER, GARY**  
**3381 COUNTRY LAKES CIR.**  
**LAKE WALES FL**

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD**  
**GONZALEZ, ERNIE**  
**505 S. 8TH STREET**  
**DUNDEE FL**

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D**  
**THOMPSON, GEORGE**  
**453 LAKE HENRY**  
**WINTER HAVEN FL**

☒ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D**  
**HATFIELD, DONNY**  
**2343 CREST DRIVE**  
**HAINES CITY FL**

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D**  
**HUNT, MIKE**  
**1004 VALENTIA DR.**  
**HAINES CITY FL**

☒ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D**  
**SPRINGFIELD, RICKY**  
**4811 E. HINSON AVE**  
**HAINES CITY FL**

☒ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☒ Addition

**D**  
**Monroe Mathews**  
**330 North 23rd St.**  
**Haines City, FL 33844**

**D**  
**Bosely, Gary**  
**416 5th St**  
**Dundee, FL 33838**

**D**  
**Chute, Robert**  
**141 Winston Ave**  
**Lake Wales, FL 33853**

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 in an attachment with an address

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Gary Flower**

**8/3/96**

DATE

Daytime Phone #

0018203

CR2E037 (3/96)