FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

734543

(2)

TRUSTEE CORPORATION OF THE FIRST BAPTIST CHURCH OF SOUTH BREVARD, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

4300 N. WICKHAM RD. MELBOURNE FL 32935

Suite, Apt. #, etc.

2. Principal Place of Business

4300 N. WICKHAM RD. MELBOURNE FL 32935-2478

FILED Apr 09 1997 8:00am Secretary of State



3a. Date of Last Report 05/01/1996

Applied For

Not Applicable

3. Date Incorporated or Qualified 12/08/1975

4. FEI Number 59-1596438

| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | 7 | | | d \square | \$8.75 A | |
|---|--|-------------------------------|---------------------|----------------------|---|--|-------------------|--------------|
| 22] | | 27 | 1-1 | | | | Fee Re | |
| City & State | State City & State | | | | Election Campaign Financi Trust Fund Contribution | ng 🗀 | \$5.00 Added t | |
| Zip | Country Zip | | Coun | lry | 8. This corporation has liabilit | 8. This corporation has liability for intangible tax under s. 199.032, | | |
| 24 | | | 30 | | Florida Statutes | Yes | □ No | |
| 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of Ne | w Registered | Agent | |
| | | | 1 | Name | R. MARK BRADSHAW | | | |
| Srein , Stephen J | | | | 32 Street / | Address (P.O. Box Number is Not Acc | eptable) | | |
| 2283 MISTY WAY LANE | | | | 23 | 90 QUEENS ST., S.E. | <u>. </u> | | , |
| MELBOURNE FL 32935 | | | | 33 | | | | |
| | | | t | 4 City | | | 85 Zip Ç | Code |
| | | | | · PA | IM BAY corporation submits this statement for | <u> </u> | - i 1329 | 109 |
| office or registered agent, or both. In the State of Florida, Such change was authorized by the corporation's board of directors. Liberary accept the appointment as registered | | | | | | | | |
| agent. I am lamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | | | | |
| SIGNATURE MANK Bradshaw Theasurer Blacow Signature, typed or printed name of registered agent and tille II applicable. (NOTE: Registered Agent signature required when re-installing). DATE | | | | | | | | |
| 12. | Signature, typed or printed name of registered age OFFICERS ANI | · | (NOTE: Registered a | Rgent signature | ADDITIONS/CHANGES TO (| DATE | D DIRECTOR | G INI 12 |
| TITLE | PD | DELETE | 1.1 101 | f T | ADDITIONO/OFFICIALS TO | NT OLHO THE | Change | Addition |
| NAME | RHODES, C. M. | | 1.2 NAN | | | | | |
| STREET ADDRESS | 3160 ELLIS DR | | | EET ADDRESS | | | | ١ |
| CITY-ST-ZIP | W MELBOURNE FL | | | -S1-ZIP | | | | |
| TITLE | TD | LA DELETE | 2.1 1111 | | TO | | Change | ☐ Addition C |
| NAME | SREIN, STEPHEN J | | 2.2 NAM | ıc İ | ALADE BEADSHAW | | v | - |
| STREET ADDRESS | 2283 MISTY WAY LANE | | 2.3 STR | EE1 ADDRESS | 2390 QUEENS ST., S.C. | | | |
| CITY-ST-ZIP | MELBOURNE FL | | 2 4 CIT | Y-ST-ZIP | PAIM BAY, Fl. 32909 | | • | |
| TITLE | VD | DELETE | 3.1 TITL | E | | | Change | Addition |
| NAME | LINDSEY, JERRY | | 3.2 NAM | 1E | | | | |
| STREET ADDRESS | 2115 ROYAL OAKS DR | | 3.3 STR | EET ADDRESS | | | | |
| CITY-ST-ZIP | ROCKLEDGE FL | | 3.4. CIT | Y-ST-ZIP | | | | |
| TITLE | | DELETE | 4.1 TITL | E | | | Change | Addition |
| NAME | | | 4. 2 NA | ME | | | | |
| STREET ADDRESS | | | 4.3 STR | EET ADDRESS | | | | |
| CITY-ST-ZIP | | The section | | - \$1 - ZIP | | | | |
| TITLE . | | ☐ DELETÉ | 5.1 TITL | } | | | Change | ☐ Addition |
| NAME | | | 5.2 NAM | | | | | |
| STREET ADDRESS | | | • | EET ADDRESS | | | | |
| CITY-ST-ZIP | | DELETE | | -ST-ZIP | | | T 0 | A 4 4 10 : |
| TITLE | | ☐ DELETE | 6.1 TITL | 1 | | | Change | ☐ Addition |
| NAME | | | 6.2 NAM | | | | | } |
| STREET ADDRESS | | | | E1 ADDRESS | | | | |
| CITY-ST-ZIP | ov certify that the information supplies | d with this filing does not a | 6.4 CiTy | -ST-ZIP stemption st | tated in Section 119 07/3/(i) Florida St | atutes I furthe | r certify that f | the |
| 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 physical, or on an attachment with an address. | | | | | | | | |
| am an onicer or director of the corporation or the receiver of trustee empowered to execute this report as required by Unapter 617, Horida Statutes; and that my name appears in Block 12 or Block 13 if charmed, or on an attachment with an address. | | | | | | | | |

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