FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR 15 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 735506 (8)

1. Corporation Name

EAST BAPTIST CHURCH OF DEFUNIAK SPRINGS, FLORIDA , INC.

#1006

Principal Place of Business	Mailing Address
RT 1 BOX N-597 DEFUNIAK SPRGS FL 32433	RT 1 BOX N-597 DEFUNIAK SPRGS FL 32433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1976
3a. Date of Last Report: 03/10/1994
4. FEI Number: 59-1603625 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 910 BAY AVENUE	26 910 BAY AVENUE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 DEFUNIAK SPRINGS	City & State 28 DEFUNIAK SPRINGS
Zip 24 32433 Country 25	Zip 29 32433 Country 30

9. Name and Address of Current Registered Agent

GRINER, FLOYD
RT. 8, BOX N1114
DEFUNIAK SPGS FL 32433

Floyd Griner

10. Name and Address of New Registered Agent

81 Name: GRINER, FLOYD
82 Street Address (P.O. Box Number is Not Acceptable): 121 SHERWOOD ROAD
83
84 City: DEFUNIAK SPRINGS FL 85 Zip Code: 32433

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	D	1.1 TITLE	☑ Change ☐ Addition
NAME	GRINER, FLOYD	1.2 NAME	GRINER, FLOYD
STREET ADDRESS	RT. 8, BOX N 1114	1.3 STREET ADDRESS	121 SHERWOOD ROAD
CITY-ST-ZIP	DEFUNIAK SPRGS, FL 00000	1.4 CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433
TITLE	D	2.1 TITLE	☑ Change ☐ Addition
NAME	CARROLL, DONALD	2.2 NAME	CARROLL, DONALD
STREET ADDRESS	RT. 6, BOX 50	2.3 STREET ADDRESS	Rt 4, Box 180
CITY-ST-ZIP	DEFUNIAK SPRGS, FL 00000	2.4 CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	D	3.1 TITLE	☑ Change ☐ Addition
NAME	GRICE, JOHN	3.2 NAME	GRICE, JOHN
STREET ADDRESS	RT. 1, BOX N-605	3.3 STREET ADDRESS	1048 COUNTY ROAD 280 E
CITY-ST-ZIP	DEFUNIAK SPRGS, FL 00000	3.4 CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	500001432065
STREET ADDRESS		4.3 STREET ADDRESS	-03/16/95--01101--007
CITY-ST-ZIP		4.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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)(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 changed, or on an attachment with an address.

SIGNATURE: See Above signature Floyd Griner 2-8-95 904-892-5361
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR AGENT Date Daytime Phone #

0028608