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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

1. Corporation Name

736534

(9)

FIRST BAPTIST CHURCH OF ISLAMORADA, INC.

U.S. HighWay #1. MILE MARKER 81.2 P.O. BOX 453 ISLAMORADA FL 33036 2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2c. Principal Place of Business 2d. Mailing Address 2d.										
P.O. BOX 453 SLAMORADA FL 33036 SLAMORADA FL	Principal Place	of Business	Mailing Address	Mailing Address			- 100111 16000 1840 01101 01100 11841	DIDI DIBIL BIBIL		016H 010H 10H
2. Principal Place of Eusiness 2. Antiling Address 3. Date Incorporator Outliffed Sun OUT/17/1895 3. Date Incorporator Outliffed Sun OUT/17/1895 3. Date Incorporator Outliffed Sun OUT/17/1895 3. Sept. 4, pt. 9, etc. 3. Sun	P.O. BOX 453		P.O. BOX 453	P.O. BOX 453						
28										
Surfa, Apt. 4, etc. 22) 27) 28 Subset	2. Principal Pla 21	ace of Business								
Country 28 26 27 28 28 28 29 30 8 15 15 15 15 15 15 15	Suite, Apt. 1	#, etc.	· · · ·				5. Certificate of Status Desired		\$8.75	Additional
Zip	City & State	3	City & State	 					\$5.00	0 May Be
COLLINS, BETTY 108 AREGOOD LANE ISLAMORADA FL 33036 60 61 61 62 63 64 64 61 65 65 65 67 66 67 68 68 69 69 69 69 69 69 69 69	Zip		Zip		intry		8. This corporation has liability for intangible tax under s. 199.032,			
COLLINS, BETTY 108 AREGOOD LANE (SLAMORADA FL 33036 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Foords Statutes, the above-named corporation submits this statement for the purpose of changing its registered discernations or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered discernations and accept the objection of 70,0503, Pricins Statutes. SIGNATURE SIGNATURE CO OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. STREET ADDRESS 15. STREET ADDRESS 15. STREET ADDRESS 15. STREET ADDRESS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. ST. 2P 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12										
108 AREGOOD LANE ISLAMORADA FL 33036 84				1	81	Name		•	·	
ISLAMORADA FL 33036 83 84 City FL 85 Zzp Code					82	Street Addre	ss (P.O. Box Number is Not Acceptable	э)		
11. Pursuant to the provisions of Soctions 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, Soction 617.0503, Florida Statutes. SIGNATURE Signature fixed or protect raise of registerial agent ag					83					
1.1. Passwart to the provisions of Sections 617 0502 and 617 1508, Frorda Statutes, the ebove-named corporation submits this statement for the purpose of changing its registered office or registered agan, or both, in the State of Florads. Such change was submits and submits this statement for the purpose of changing its registered office or registered agan, or both, in the State of Florads. Such change was submits and submits this statement for the purpose of changing its registered office or registered agan, or both, in the State of Florads. Such change was submits this statement for the purpose of changing its registered office or registered agan, or both, in the State of Florads. Such change was submits this statement for the purpose of changing its registered office or registered agan, or both, in the State of Florads. Interest again Interest I					84	City		FL	85 Zip	Code
12	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. Thereby accept the appointment as registered agent.									
12.				TC 0						
Title					Agent	signature required			NECTO	DQ INI 12
NAME RAPER, JACK 12 NAME 1.3 STREET ADDRESS 1.5 CORTEZ DR. 1.4 CITY-ST-ZP ISLAMORADA FL 1.4 CITY-ST-ZP ISLAMORADA FL 1.5 CORTEZ DR. 1.5 STREET ADDRESS 1.5 CORTEZ DR. 1		· · · · · · · · · · · · · · · · · · ·			TLF		ADDITIONS/CHANGES TO OFFI			
1.3 STREET ADDRESS 1.2 S CORTEZ DR.										
SLAMORADA FL	ŀ				ADDRESS					
TITLE			IOI AMODADA FI			į.				
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SILAMORADA FL	NAME			3.2 NA						
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		y certify that the information supplied	with this filing is voluntarily furn	■ 6.4 C ished and	does	i-ZIP s not qualify for	r the exemption stated in Section 119 (7(3)(k). Florid	la Statuti	es. I further

Too hereby certify that the information supplied with this illing is voluntarily turnished and does not quality for the exemption stated in Section 119.0/3/kg, Florida Statutes. Turner 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. AE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

Dete

Daytime Phone #