

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 25 AM 9:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 739360

(6)

1. Corporation Name

**THE CONSERVATIVE BAPTIST ASSOCIATION OF FLORIDA,
INC.**

Principal Place of Business

Mailing Address

**1208 110TH ST EAST
BRADENTON FL 34202-9046
US**

**1208 110TH ST EAST
BRADENTON FL 34202-9046
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1977

3a. Date of Last Report

04/20/1994

4. FEI Number

59-1856300

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

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRIER, WILLIAM M
1208 110TH ST E
BRADENTON FL 34202**

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	GROVES, NORMAN
STREET ADDRESS	202 FLAMINGO DRIVE
CITY- ST- ZIP	APOLLO BEACH FL
TITLE	VPD
NAME	DOWNS, DAVID
STREET ADDRESS	2333 DONEGAN PLACE
CITY- ST- ZIP	ORLANDO FL
TITLE	TD
NAME	MORRISON, STANLEY
STREET ADDRESS	5221 ORANGE BLOSSOM TRL
CITY- ST- ZIP	ST PETERSBURG FL
TITLE	DS
NAME	ANDERSON, LEONARD
STREET ADDRESS	6062 BRIARCLIFF ROAD
CITY- ST- ZIP	FORT MYERS FL
TITLE	D
NAME	HARRIER, WILLIAM
STREET ADDRESS	1208 110TH SR E
CITY- ST- ZIP	BRADENTON FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.07(3)(b), 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:

William Harrier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM HARRIER

4-18-95

Date

813-747-0315

Daytime Phone #