

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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 34202-9346  
US

1208 110TH ST EAST  
BRADENTON FL 34202-9346  
US

3. Date Incorporated or Qualified  
06/15/1977

3a. Date of Last Report  
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GROVES, NORMAN	
STREET ADDRESS	202 FLAMINGO DRIVE	
CITY - ST - ZIP	APOLLO BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DOWNS, DAVID	
STREET ADDRESS	2333 DONEGAN PLACE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MORRISON, STANLEY	
STREET ADDRESS	5221 ORANGE BLOSSOM TRL	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ANDERSON, LEONARD	
STREET ADDRESS	6082 BRIARCLIFF ROAD	
CITY - ST - ZIP	FORT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRIER, WILLIAM	
STREET ADDRESS	1208 110TH SR E	
CITY - ST - ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHNSON, GEORGE	
1.3 STREET ADDRESS	1071 MOHAWK RD	
1.4 CITY - ST - ZIP	VENICE FL 34293	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MEFFORD, WILLIAM	
2.3 STREET ADDRESS	5878 34TH AVE N	
2.4 CITY - ST - ZIP	ST PETERSBURG FL 33710	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 on an attachment with an address.

SIGNATURE: William M. Harrier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

Date

941-747-0315

Daytime Phone #

CR2E037 (12/95)