

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:45

DOCUMENT # 740728 (1)

1. Corporation Name
THE FIRST BAPTIST CHURCH OF DAVENPORT, FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
MAPLE STREET WEST PO BOX 685 DAVENPORT FL 33837

3. Date Incorporated or Qualified **11/08/1977** 3a. Date of Last Report **02/25/1994**

4. FBI Number **59-2355403** Applied For Not Applicable

2. Principal Place of Business 2b. Mailing Address
21 26

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 City & State 28 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

24 Zip 25 Country 29 Zip 30 Country

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

9. Name and Address of Current Registered Agent
**UMBERGER, RANDY
321 E BAY ST
DAVENPORT FL 33837**

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DV
NAME	ROCKER, DAVID E.
STREET ADDRESS	411 NORTH BLVD W.
CITY-ST-ZIP	DAVENPORT FL
TITLE	PD
NAME	PARTON, JEFF
STREET ADDRESS	5500 JOHNSON AVE
CITY-ST-ZIP	HAINES CITY FL
TITLE	DS
NAME	CONLEY, WENDELL
STREET ADDRESS	LAGO VISTA COURT
CITY-ST-ZIP	DAVENPORT FL
TITLE	D
NAME	LINDER, LEE
STREET ADDRESS	627 POWER LINE RD
CITY-ST-ZIP	DAVENPORT FL
TITLE	DT
NAME	CHUMNEY, MILDRED
STREET ADDRESS	EAST LEMON STREET
CITY-ST-ZIP	DAVENPORT FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gerald S. Smith
2.3 STREET ADDRESS	2610 Crest Drive
2.4 CITY-ST-ZIP	Haines City, FL, 33844
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	<input 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 110.07(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 or is included as an attachment with an address.

SIGNATURE: *David E. Rocker* 1/24/95 (813) 422-4389
Signature and typed or printed name of signing officer or director Date Daytime Phone #