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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS

DOCUMENT # 740728

1. Corporation Name

(1)

THE FIRST BAPTIST CHURCH OF DAVENPORT, FLORIDA, INC.

MADIE CTOS	of Business	Mailing Address				i amalist kodisi dinat adise taksid tiddi i			
MAPLE SIBE	ET WEST	MAPLE STREET WEST							
PO BOX 685		PO BOX 685							
DAVENPORT	FL 33837	DAVENPORT FL 33837				3. Date Incorporated or Qualified	3a. Date	of Look	Donad
						11/08/1977		/30/1	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				59-2355403			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	9	City & State				6. Election Campaign Financing		\$5.0	May Be
23	**************************************	28				Trust Fund Contribution			d to Fees
Zφ	Country Zip		Country			8. This corporation has liability for in			199.032,
4 25 29 29 9. Name and Address of Current Registered Agent			30			Florida Statutes Yes No			
	9. Name and Address of Curi	rent Registered Agent		04	N	10. Name and Address of New Re	gistered Ag	ent	
				B1	Name				
UMBERGER, RANDY			1	82	Street Add	treet Address (P.O. Box Number is Not Acceptable)			
321 E B			L.	83					
DAVENP	ORT FL 33837			63					
			1	84	City	·	— . [85 Zi	p Code
							<u>FL</u>		
or register	to the provisions of Sections 517.05 red agent, or both, in the State of FI th, and accept the obligations of, S	lorida. Such change was authorized	by the co	re-na orpo	amed corpor oration's boa	ration submits this statement for the purp rd of directors. I hereby accept the appo	ose of chang intment as re	jing its i gistered	registered offic Lagent, Lam
	tri, and accept the obligations of, or	octon of ricoso, florida cialdies.							
SIGNATURE	Signature, typed or printed name of registered as	gent and little if applicable. (NOTE:	Registered A	Agent	signature require	d when reinstating)	DATE		
12.	OFFICERS /	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND D	IRECTO	DRS IN 12
TITLE	DP	□DELETE	1.1 TITL	ı F			n	Change	Addition
NAME	ROCKER, DAVID E.		1.2 NAM						
	ROCKER, DAVID E. 411 NORTH BLVD W.		1.2 NAM	ME	address .				
NAME			1.2 NAM	ME Reet <i>i</i>			٥		
NAME STREET ADDRESS	411 NORTH BLVD W. DAVENPORT FL DV	⊠ DELETE	1.2 NAM 1.3 STR	ME REET # Y-ST				Change	Addition
NAME STREET ADDRESS CITY+ST+ZIP	411 NORTH BLVD W. DAVENPORT FL DV SMITH, GERALD S.	⊠ D€L€TE	1.2 NAM 1.3 STR 1.4 C/T	ME REET / Y-ST LE					Addition
NAME STREET ADDRESS CITY+ST-ZIP TITLE	411 NORTH BLVD W. DAVENPORT FL DV	X IDELETE	1.2 NAM 1.3 STR 1.4 Cit' 2.1 Titl 2.2 NAM	ME REET / Y-ST LE ME					Addition
NAME STREET AODRESS CITY+ST-ZIP TITLE NAME	411 NORTH BLVD W. DAVENPORT FL DV SMITH, GERALD S. 2610 CREST DRIVE HAINES CITY FL	X DELETE	1.2 NAM 1.3 STR 1.4 Cit' 2.1 Titl 2.2 NAM	ME PEET / Y-ST LE ME	-ZIP ADDRESS				Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	411 NORTH BLVD W. DAVENPORT FL DV SMITH, GERALD S. 2610 CREST DRIVE	M DELETE □DELÉIÉ	1.2 NAM 1.3 STR 1.4 CH [*] 2.1 TITL 2.2 NAM 2.3 STR	ME Y-ST LE ME HEET A	-ZIP ADDRESS		_ 		Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	411 NORTH BLVD W. DAVENPORT FL DV SMITH, GERALD S. 2610 CREST DRIVE HAINES CITY FL DS CONLEY, WENDELL	_	1.2 NAM 1.3 STR 1.4 CHT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CH	ME REET / Y-ST LE ME REET / TY-SI	-ZIP ADDRESS		_ 	Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	411 NORTH BLVD W. DAVENPORT FL DV SMITH, GERALD S. 2610 CREST DRIVE HAINES CITY FL DS	_	1.2 NAM 1.3 STR 1.4 CHT 2.1 THT 2.2 NAM 2.3 STR 2.4 CHT 3.1 THT 3.2 NAM	ME Y-ST LE ME HEET A TY-SI LE ME	-ZIP ADDRESS		_ 	Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	411 NORTH BLVD W. DAVENPORT FL DV SMITH, GERALD S. 2610 CREST DRIVE HAINES CITY FL DS CONLEY, WENDELL LAGO VISTA COURT DAVENPORT FL	□DELÉTÉ	1.2 NAM 1.3 STR 1.4 CHT 2.1 THT 2.2 NAM 2.3 STR 2.4 CHT 3.1 THT 3.2 NAM	ME Y-ST LE ME TY-ST LE ME TY-SI TY-SI TY-SI	- ZIP ADDRESS 1 - ZIP ADDRESS		_ 	Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	411 NORTH BLVD W. DAVENPORT FL DV SMITH, GERALD S. 2610 CREST DRIVE HAINES CITY FL DS CONLEY, WENDELL LAGO VISTA COURT DAVENPORT FL D	_	1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR	ME Y-ST LE ME TY-SI LE TY-SI LE TY-SI LE LE LE ME TY-SI LE TY-SI LE TY-SI LE TY-SI	- ZIP ADDRESS 1 - ZIP ADDRESS		- - - - -	Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CONTROL ADDRESS CITY-ST-ZIP	411 NORTH BLVD W. DAVENPORT FL DV SMITH, GERALD S. 2610 CREST DRIVE HAINES CITY FL DS CONLEY, WENDELL LAGO VISTA COURT DAVENPORT FL D LINDER, LEE	□DELÉTÉ	1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT	ME REET / Y-ST LE ME HEET / TY-S LE LE LE LE LE LE LE LE LE	- ZIP ADDRESS 1 - ZIP ADDRESS		- - - - -	Change Change	☐ Addition
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SIGNATURE:

r bunder, or on an attachment with an address.

The AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/96

941 422-4389

Daytime Phone #

CR2E037 (12/