FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 AM 12:25

DOCUMENT # **742242** **(1)**

1. Corporation Name

FIRST BAPTIST CHURCH OF LEESBURG, INC.

Principal Place of Business	Mailing Address
220 N. 13 ST. (34748) P O BOX 490957 LEESBURG FL 34749	220 N. 13 ST. (34748) P O BOX 490957 LEESBURG FL 34749

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/29/1978
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0637837 ☐ 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
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

9. Name and Address of Current Registered Agent

JONES, DORIS C.
220 NORTH 13TH ST.
LEESBURG FL 34748

10. Name and Address of New Registered Agent

91 Name: Blanchard, Judy
92 Street Address (P.O. Box Number is Not Acceptable): 220 North 13th St.
93
94 City: Leesburg FL 95 Zip Code: 34748

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: Judy Blanchard Office Administrator — Judy Blanchard — 3/28/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☑ Change ☐ Addition
NAME	CROACH, D.E.	12 NAME	Safford, James T.	
STREET ADDRESS	3751 WENDY BLVD.	13 STREET ADDRESS	05509 E Harbor Dr.	
CITY-ST-ZIP	LADY LAKE FL	14 CITY-ST-ZIP	Fruitland Park, FL 34731	
TITLE	T	21 TITLE		☐ Change ☐ Addition
NAME	WALKER, JAMES M.	22 NAME		
STREET ADDRESS	1009 COTTONWOOD	23 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 00000	24 CITY-ST-ZIP		
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	BAKER, PEGGY A	32 NAME		
STREET ADDRESS	220 N 13TH ST	33 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 0	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	D	☑ Change ☐ Addition
NAME	JONES, RANDY A., SR.	42 NAME	John McLeod	
STREET ADDRESS	COUNTY ROAD 120	43 STREET ADDRESS	32124 Kinne Pearce Rd.	
CITY-ST-ZIP	WILDWOOD FL	44 CITY-ST-ZIP	Leesburg, FL 34788	
TITLE	D	51 TITLE	D	☑ Change ☐ Addition
NAME	SAFFORD, JAMES T.	52 NAME	Jones, Al	
STREET ADDRESS	05509 E. HARBOR DR.	53 STREET ADDRESS	503 Gibson St.	
CITY-ST-ZIP	FRUITLAND PARK FL	54 CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	P	61 TITLE	P	☑ Change ☐ Addition
NAME	SMITH, E. G	62 NAME	Jones, Randy A Sr.	
STREET ADDRESS	1328 LEE CT	63 STREET ADDRESS	County Road 120	
CITY-ST-ZIP	LEESBURG FL	64 CITY-ST-ZIP	Wildwood, FL 34785	

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: Albert L. Jones 4-2-95 787-1005
SIGNATURE AND TYPED OR PRINTED NAME OF MANING OFFICER OR DIRECTOR — Date — Daytime Phone #

D96231