

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF REVENUE
Sandra B. Morthoft
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743970 (6)

1. Corporation Name

MAGNOLIA BIBLE BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

STATE ROAD 129
P.O. BOX 505
BRANFORD FL 32008

STATE ROAD 129
P.O. BOX 505
BRANFORD FL 32008

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

24

25

29

30

9. Name and Address of Current Registered Agent

WELLS, ALLEN
RT 2, BOX 430
BRANFORD FL 32008

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

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	TTRD	<input type="checkbox"/> DELETE
NAME	SAPP, ERNEST	
STREET ADDRESS	PO BOX 1196/NA	
CITY - ST - ZIP	HIGH SPRINGS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SILER, JOE LARRY	
STREET ADDRESS	RT 2 BOX 157-P/NA	
CITY - ST - ZIP	TRENTON FL	
TITLE	VTRD	<input type="checkbox"/> DELETE
NAME	LANGFORD, WILBUR	
STREET ADDRESS	P.O. BOX 955 N/A	
CITY - ST - ZIP	TRENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
1. STREET ADDRESS	
1. CITY - ST - ZIP	
2. NAME	
2. STREET ADDRESS	
2. CITY - ST - ZIP	
3. NAME	
3. STREET ADDRESS	
3. CITY - ST - ZIP	
4. NAME	
4. STREET ADDRESS	
4. CITY - ST - ZIP	
5. NAME	
5. STREET ADDRESS	
5. CITY - ST - ZIP	
6. NAME	
6. STREET ADDRESS	
6. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)