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Mar 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32008-0505

3. Date Incorporated or Qualified
08/18/1978

3a. Date of Last Report
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21 28407 US HWY 129

26 28407 US HWY 129

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 BRANFORD FL.

28 BRANFORD FL.

24 Zip 32008

25 Country USA

29 Zip 32008

30 Country USA

4. FEI Number

59-2495993

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

WELLS, ALLEN
RT 2, BOX 430
BRANFORD FL 32008

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TTRD
NAME SAPP, ERNEST
STREET ADDRESS PO BOX 1198/NA
CITY-ST-ZIP HIGH SPRINGS FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD
NAME SILER, JOE LARRY
STREET ADDRESS RT 2 BOX 157-P/NA
CITY-ST-ZIP TRENTON FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VTRD
NAME LANGFORD, WILBUR
STREET ADDRESS P.O. BOX 955 N/A
CITY-ST-ZIP TRENTON FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ERNEST J. SAPP

2-23-97 1-904-454-2216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/96)