

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

**APPROVED AND FILED**

**95 APR 18 PM 11:24**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

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

**DOCUMENT # 744660 (2)**

1. Corporation Name  
**BAPTIST MISSIONS TO THE INCARCERATED, INC.**

Principal Place of Business  
**2800 GRAYSON ST  
ORANGE CITY FL 32763**

Mailing Address  
**2800 GRAYSON ST  
ORANGE CITY FL 32763**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/21/1978**

3a. Date of Last Report  
**08/17/1994**

4. FEI Number  
**58-1831656**

Applied For  
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip Country

29. Zip Country

30. Zip Country

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

9. Name and Address of Current Registered Agent

**MORSE, FRANK C.  
2383 W. NAUTILUS DRIVE  
CITRUS SPRINGS FL 34434**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

**FL**

I, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>
NAME	<b>MORSE, FRANK (REV)</b>
STREET ADDRESS	<b>1703 TAYLOR RD</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>
TITLE	<b>TD</b>
NAME	<b>GRIFFIS, FRANKLIN</b>
STREET ADDRESS	<b>207 LAKE GERTIE RD</b>
CITY-ST-ZIP	<b>DELAND FL</b>
TITLE	<b>SD</b>
NAME	<b>LETHBRIDGE, RUSSELL REV.</b>
STREET ADDRESS	<b>379 S COMMERCE AVE.</b>
CITY-ST-ZIP	<b>SEBRING FL</b>
TITLE	<b>D</b>
NAME	<b>BALSLEY, ALLEN REV.</b>
STREET ADDRESS	<b>3820 SHEPHERD RD.</b>
CITY-ST-ZIP	<b>MULBERRY FL</b>
TITLE	<b>D</b>
NAME	<b>SMITH, STANLEY (REV)</b>
STREET ADDRESS	<b>3782 LAKE MARGARET DR.</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>D</b>
NAME	<b>GORMAN, THOMAS (REV)</b>
STREET ADDRESS	<b>5001 71 ST N.</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MORSE, FRANK (REV)</b>
1.3 STREET ADDRESS	<b>2383 W NAUTILUS DRIVE</b>
1.4 CITY-ST-ZIP	<b>CITRUS SPRINGS FL 34434</b>
2.1 TITLE	<b>M</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>METCALFE, REX (REV)</b>
2.3 STREET ADDRESS	<b>2590 W. LAKE DRIVE</b>
2.4 CITY-ST-ZIP	<b>DELAND, FL 32724</b>
3.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>GUEST, JAMES (REV)</b>
3.3 STREET ADDRESS	<b>1703 TAYLOR ROAD</b>
3.4 CITY-ST-ZIP	<b>DAYTONA BEACH, FL 32124</b>
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 if changed, or on an attachment with an address.

SIGNATURE: *Frank C. Morse* **Frank C. Morse** **Mar. 14, 1995** (904) 465-3116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Time