

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 745693 (2)
1. Corporation Name
WELAKA BAPTIST CHURCH, INC.



Principal Place of Business
**3RD STREET & PINE
POST OFFICE BOX 100
WELAKA FL 32193**

Mailing Address
**3RD STREET & PINE
POST OFFICE BOX 100
WELAKA FL 32193**

2. Principal Place of Business
21 **670 3RD AVE.**
Suite, Apt. #, etc.
22
City & State
23 **WELAKA, FL**
Zip
24 **32193** Country
25 **USA**

2a. Mailing Address
26 **P.O. BOX 100**
Suite, Apt. #, etc.
27
City & State
28 **WELAKA, FL**
Zip
29 **32193** Country
30 **USA**

3. Date Incorporated or Qualified **01/24/1979** 3a. Date of Last Report **01/30/1995**

4. FEI Number **05-0020900** 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
**PIPKINS, WILBUR J (SONNY)
RT 1 BOX 6910
PROVIDENCE CHURCH RD
PALATKA FL 32177**

10. Name and Address of New Registered Agent
81 Name **RON LEONARD**
82 Street Address (P.O. Box Number is Not Acceptable) **670 3RD. AVE**
83 **P.O. BOX 90**
84 City **WELAKA** FL 85 Zip Code **32193**

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 *Ron Leonard* **RON LEONARD**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE **7/21/96**

OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LOGAN, SHIRLEY	
STREET ADDRESS	RT.1, BOX 130	
CITY-ST-ZIP	EAST PALATKA FL	
TITLE	MD	<input checked="" type="checkbox"/> DELETE
NAME	PIPKINS, PASTOR WILBUR J	
STREET ADDRESS	RT 1 BOX 6910, PROVIDENCE CHURCH ROAD	
CITY-ST-ZIP	PALATKA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REDDING, GEORGE	
STREET ADDRESS	106 PEGGY LANE	
CITY-ST-ZIP	GEORGETOWN FL 32139	
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

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEONARD, PASTOR RON	
1.3 STREET ADDRESS	670 3RD. AVE	
1.4 CITY-ST-ZIP	WELAKA, FL 32193	
2.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BRYAN GORDON	
2.3 STREET ADDRESS	207 RIDGE ST.	
2.4 CITY-ST-ZIP	POMONA PARK, FL 32181	
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BETH ELLIOTT	
3.3 STREET ADDRESS	105 SANTA ROSA CT	
3.4 CITY-ST-ZIP	SATSUMA, FL 32189	
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	600001915866	
5.3 STREET ADDRESS	-08/08/96--01014--030	
5.4 CITY-ST-ZIP	***61.25	
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 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: *Ron Leonard* **RON LEONARD** 7/21 904-467-9004
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/96)