

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **747093** (3)
1. Corporation Name
FIRST BAPTIST CHURCH OF CROOM-A-COOCHIE, INC.



Principal Place of Business: ROUTE 301, SOUTH P.O. BOX 758 BUSHNELL FL 33513
Mailing Address: ROUTE 301, SOUTH P.O. BOX 758 BUSHNELL FL 33513

3. Date Incorporated or Qualified: **05/08/1979**
3a. Date of Last Report: **02/15/1995**
4. FEI Number: **59-1581268**
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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent
**BABBITT, KENNETH
RT 1, BOX 134
LAKE PANASOFFKEE FL 33538**

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

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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|-----------------------|--|
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | LAMB, GENE | |
| STREET ADDRESS | RT 1 BOX 40L CR 654 | |
| CITY-ST-ZIP | BUSHNELL FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | BABBITT, KENNETT | |
| STREET ADDRESS | MAGNOLIA AVE. | |
| CITY-ST-ZIP | CENTER HILL FL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | DEMPSEY, VIRGIL | |
| STREET ADDRESS | MINNEOLA AVE. | |
| CITY-ST-ZIP | CLERMONT FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | WALLACE, GLENDA | |
| STREET ADDRESS | OSCEOLA ST | |
| CITY-ST-ZIP | CENTER HILL, FL 00000 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | LAMB, LINDA | |
| STREET ADDRESS | RT 1 BOX 40 L CR 654 | |
| CITY-ST-ZIP | BUSHNELL FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996 | | |
|---|--------------------|--|
| 1.1 TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Wayne Parker | |
| 1.3 STREET ADDRESS | 4385 S.W. 81st. | |
| 1.4 CITY-ST-ZIP | Bushnell, FL 33513 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 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 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: Gene A. Lamb - GENE A LAMB 3/10/96 9047934737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)