FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 747892

(8)

FIRST	RAPTIST	CHURCH	OF FT.	MCCOY.	INC.
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Principal Place of Business Mailing Address						- -			EIF 1111 1111 1111						
11352 NE CTY HWY 316 P.O. BOX 480			P	11352 NE CTY HWY 316 P.O. BOX 480 FT. MCCOY FL 32134-0480 US											
FT. MCCOY FL 32134-0480 US							3. Date Incorporated or Qualified 3a. Date of Last Report 06/29/1979 05/01/1995								
2. Principal Pla	ace of Busin	ess		2a. Mailing Address			4. FEI Number		L	Applied For					
21				26			59-2125975 Not Applic								
Suite, Apt. #, etc. 22			Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required									
City & State			City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees									
Zip		Country	a 1		Zip Country			01	8. This corporation has liability for intangible tax under s.			s. 199.032,			
24	O Nama	and Address	RION	29 Rogie	larad Agant	30 MARION			RIBIO	Fiorida Statutes					
	9, Name	and Address	OI COITBIN	negis	reled Agent		81	Τ	Name	10. Name and Address of New Rep	lierei en 1	- gent			
1451.141 7	NATH W						82								
MELIN, PAUL W. 10700 NE 142ND PLACE							L	Street Addres	dress (P.O. Box Number is Not Acceptable)						
FT MCCOY FL 32134						83	1		•						
							84		City		FL	85	Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida 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 _															
12.	Signature typed	or printed name of re	egistered agent an ICERS AND				stered Age	nt s	signature redured v	when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIREC	TORS IN 12		
TITLE	PD		OLNO AND	DINEC	DELETE		1.1 TITLE			ADDITIONS/CHANGES TO OTHE		7 Chang			
NAME		N, CLAUDE D	L				1.2 NAME				_	_ `			
STREET ADDRESS					1.3 STREET ADDR			ΤA	DDRESS						
CITY+ST+ZIP	FT. MC						1.4 CITY-	ST-	- ZIP						
TITLE	VD				DELETE		2.1 TITLE					Chang	e Addition		
NAME	HARPE	r, Oliver K.					2.2 NAME								
STREET ADDRESS	14620 l	NE 113TH TE	RR			ı	2.3 STREE	ΤA	DORESS						
CITY-ST-ZIP	FT MCC	COY FL					2. 4 CITY -	ST	- ZIP						
TITLE	STD				DELETE		3.1 THILE				[Chang	e		
NAME		PAUL W.					3.2 NAME								
STREET ADDRESS		NE 142ND PL	ACE				3.3 STREE								
CITY-ST-ZIP TITLE	FT MCC	JUY FL			DELETE		3.4 CITY- 4.1 TITLE	-51	- ZIP		···-··· ř	Chang	e Addition		
NAME						- 1	4. 2 NAME								
STREET ADDRESS							4.3 STREE		IDDRESS						
CITY-ST-ZIP							4.4 CITY-								
TITLE					DELETE		5.1 TITLE				Ţ	Chang	e 🔲 Addition		
NAME							5.2 NAME								
STREET ADDRESS							5.3 STREE	ſΑ	DDRESS						
CITY-ST-ZIP							5.4 CITY-	SŢ-	- ZIP						
TITLE					DELETE		6.1 TITLE			-	Ī	Chang	e 🔲 Addition		
NAME							6.2 NAME								
STREET ADDRESS							6.3 STREE	ΤA	DDRESS						
CITY-ST-ZIP							6.4 CITY-				70.0				
14. I do hereb	y certify that	t the information	i supplied wi	tn this	nung is voluntarily turni:	sned :	and do	es	not quality for	r the exemption stated in Section 119.0	r(3)(K), Flo	riga Sta	tutes. I further		

4. I do hereby certify that the information supplied with this filling is voluntarily furnished and 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 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 12 or Block 12 or on an attachment with an address.

SIGNATURE: L

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/96 352-236-5392 Dete Daytime Prone 4 R2F037 (12/95