

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUN 22 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748955 (2)

1. Corporation Name
RICHMOND AVENUE BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address
**304 NORTH RICHMOND AVENUE (No P.O. Box)
LEHIGH ACRES FL 33936 US**
**304 NORTH RICHMOND AVENUE
LEHIGH ACRES FL 33936
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/18/1979	3a. Date of Last Report 07/25/1994
4. FEI Number 59-2801696	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 304 N. Richmond Ave.	26 304 N. Richmond Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Lehigh Acres, Fl.	28 Lehigh Acres, Fl.
Zip Country	Zip Country
24 33936 Lee	29 33936 Lee
25	30

9. Name and Address of Current Registered Agent

**PAVESE, GARNER, HAVERFIELD ET AL
420 LEE BLVD.
LEHIGH ACRES FL 33970**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOKKITOUS, SANDRA	1.2 NAME	
STREET ADDRESS	204 TRUMAN AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURKS, BILL	2.2 NAME	
STREET ADDRESS	2200 GARDENIA WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL	2.4 CITY - ST - ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAL, ROGERS	3.2 NAME	NEAL, Roger
STREET ADDRESS	111 RICHMOND AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL	3.4 CITY - ST - ZIP	
TITLE	VPD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, GOVAN	4.2 NAME	
STREET ADDRESS	16 MASSACHUSETTS ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 applicable, or on an attachment with an address.

SIGNATURE: Roger Neal (ROGER NEAL) Govan Williams GOVAN WILLIAMS 369-5555
Date: 6/5/95

CR2E037 (3/95)