

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> , Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 748955 (2)**  
1. Corporation Name  
**RICHMOND AVENUE BAPTIST CHURCH, INC.**



Principal Place of Business <b>304 N. RICHMOND AVE. LEHIGH ACRES FL 33906 US</b>	Mailing Address <b>304 N. RICHMOND AVE. LEHIGH ACRES FL 33972-5053 US</b>
---	--

3. Date Incorporated or Qualified <b>09/18/1979</b>	3a. Date of Last Report <b>02/01/1996</b>
--	--

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-2801696</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip <b>24</b>	Country <b>25 Lee</b>	Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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)	<b>FL</b>
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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SOKEITOUS, SANDRA</b>	
STREET ADDRESS	<b>204 TROMAN AVENUE</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PURKS, BILL</b>	
STREET ADDRESS	<b>2200 GARDENIA WAY</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>NEAL, ROGER</b>	
STREET ADDRESS	<b>111 RICHMOND AVENUE</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WILLIAMS, GOVAN</b>	
STREET ADDRESS	<b>16 MASSACHUSETTS ROAD</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL</b>	
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	<b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Mr. George Miles</b>	
1.3 STREET ADDRESS	<b>121 Alcalá</b>	
1.4 CITY-ST-ZIP	<b>Lehigh Acres, Fl.</b>	
2.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Mr. Sel Hawkins</b>	
2.3 STREET ADDRESS	<b>1218 Jackson Ave.</b>	
2.4 CITY-ST-ZIP	<b>Lehigh Acres, Fl.</b>	
3.1 TITLE	<b>DS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Mr. Roger Neal</b>	
3.3 STREET ADDRESS	<b>111 Richmond Ave.</b>	
3.4 CITY-ST-ZIP	<b>Lehigh Acres, Fl.</b>	
4.1 TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Mr. Hugh Bingham</b>	
4.3 STREET ADDRESS	<b>10554 Quincy Court</b>	
4.4 CITY-ST-ZIP	<b>Lehigh Acres, Fl.</b>	
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 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 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: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ *Equal Justice* **4-10-97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0058005**

CR2E037 (9/96)