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Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749224 (2)

1. Corporation Name

ARIPEKA BAPTIST CHURCH, INC.

Principal Place of Business

18731 ARIPEKA RD.
P.O. BOX 38
ARIPEKA FL 34679

Mailing Address

18731 ARIPEKA RD.
P.O. BOX 38
ARIPEKA FL 34679-00383. Date Incorporated or Qualified
10/05/19793a. Date of Last Report
03/21/19964. FEI Number
59-1943445Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLOAN, VERA
3196 GULF DRIVE
ARIPEKA, FL
ARIPEKA FL 34679

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME RADER, MARK
STREET ADDRESS 13402 LAWRENCE STREET
CITY-ST-ZIP SPRINGHILL FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME ANGEL, JACK
STREET ADDRESS ELIZABETH STREET
CITY-ST-ZIP ARIPEKA, FL 000002.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE S ☐ DELETE
NAME GEIGER, LOUISE
STREET ADDRESS 320 E MAIN STREET
CITY-ST-ZIP NEW PT RICHEY, FL 000003.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE T ☐ DELETE
NAME WHITE, CAROL
STREET ADDRESS 18930 ARIPEKA RD.
CITY-ST-ZIP ARIPEKA, FL 000004.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME WHITE, ROYE
STREET ADDRESS 18930 ARIPEKA RD.
CITY-ST-ZIP ARIPEKA, FL 000005.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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:

LOUISE GEIGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 19, 1997

Date

849-6611
Daytime Phone # 0069544

CR2E037 (9/96)