FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Jan 26 1996 8:00 am
Secretary of State

DOCUMENT # 750163 (8)

1. Corporation Name

COOK MEMORIAL BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
4102 HIGHWAY 390 LYNN HAVEN FL 32444	4102 HIGHWAY 390 LYNN HAVEN FL 32444

3. Date Incorporated or Qualified: 12/12/1979

3a. Date of Last Report: 02/20/1995

4. FEI Number: 59-1961780 ☐ Applied For ☐ Not Applicable

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	2a. Mailing Address
21 Cook Memorial Baptist Church	26 Cook Memorial Bap. Church
22 Suite, Apt. #, etc.: 4102 W Hwy 390	27 Suite, Apt. #, etc.: 4102 W Hwy 390
23 City & State: Lynn Haven, Fl	28 City & State: Lynn Haven, Fl
24 Zip: 32444 25 Country: Bay	29 Zip: 32444 30 Country: Bay

9. Name and Address of Current Registered Agent

HALL, BROWARD
4800 BAYWOOD DR.
LYNN HAVEN FL 32444

10. Name and Address of New Registered Agent

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 of New Registered Agent, if changing — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	CAMP, CHARLES E	
STREET ADDRESS	RT 4 BOX 560 F	
CITY-ST-ZIP	PANAMA CITY, FL 00000	
TITLE	T	☐ DELETE
NAME	SLONE, JAMES C, JR	
STREET ADDRESS	4740 BAYWOOD DR	
CITY-ST-ZIP	LYNN HAVEN, FL 00000	
TITLE	D	☐ DELETE
NAME	HALLMAN, E. B.	
STREET ADDRESS	1220 MAIN AVENUE	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE	D	☐ DELETE
NAME	HALL, BROWARD	
STREET ADDRESS	4800 BAYWOOD DR	
CITY-ST-ZIP	LYNN HAVEN, FL 00000	
TITLE	D	☐ DELETE
NAME	GRAVES, CRAIG	
STREET ADDRESS	190 CONCORD CIRCLE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	P.O. Box 310	
1.4 CITY-ST-ZIP	Veron, Fl 32462	
2.1 TITLE		☐ Change ☒ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	32444	
3.1 TITLE		☐ Change ☒ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	32444	
4.1 TITLE		☐ Change ☒ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	32444	
5.1 TITLE		☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	5601 Julie Drive	
5.4 CITY-ST-ZIP	Panana City, Fl 32404	
6.1 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 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 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] 1/22/96 904-265-2166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)