FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 26 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750491 (3)

1. Corporation Name
FT. GREEN BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
ROUTE 1, BOX 144A BOWLING GREEN FL 33834	ROUTE 1, BOX 144A BOWLING GREEN FL 33834

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1980
3a. Date of Last Report: 03/10/1994
4. FEI Number: 59-6174978 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GRIMSLEY, BILLY
OLD POLK RD., RT. 1 BOX 61A
WAUCHULA FL 33873

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	RAWLS, SAM	1.2 NAME		
STREET ADDRESS	RT 1, BOX 123 A N/A	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOWLING GREEN FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	WILKINS, JACK	2.2 NAME		
STREET ADDRESS	RT 1, BOX 153 K N/A	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOWLING GREEN FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	PATTEN, EVELYN	3.2 NAME		
STREET ADDRESS	ROUTE 1 BOX 148A N/A	3.3 STREET ADDRESS		
CITY-ST-ZIP	BOWLING GREEN, FL 00000	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	CHANCEY, FAYE	4.2 NAME		
STREET ADDRESS	RT 2 BOX 116-A N/A	4.3 STREET ADDRESS		
CITY-ST-ZIP	BOWLING GREEN FL 33834	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	BARGERON, EARL	5.2 NAME		
STREET ADDRESS	ROUTE 2 BOX 130 N/A	5.3 STREET ADDRESS		
CITY-ST-ZIP	BOWLING GREEN FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	SASSER, DENNIS	6.2 NAME		
STREET ADDRESS	RT 1 BOX N/A	6.3 STREET ADDRESS		
CITY-ST-ZIP	BOWLING GREEN FL 33834	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: Evelyn Patten Evelyn PATTEN 1-15-95 813-773-9013
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0057706