

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

DOCUMENT # 751673 (5)

1. Corporation Name

HURRICANE CREEK BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

% LARRY ZORN
RT 3 BOX 214
WESTVILLE FL 32464

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RT 3 BOX 214
WESTVILLE FL 32464

3. Date Incorporated or Qualified
03/24/1980

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2866431

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZORN, WILLIAM E., SR
RT 3 BOX 208
WESTVILLE FL 32464

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

TITLE D
NAME LAWSON, HOLLAND
STREET ADDRESS RT 3 BOX 240
CITY-ST-ZIP WESTVILLE FL 00000 ☒ DELETE

TITLE D
NAME SEWELL, WILLIE
STREET ADDRESS RT 3 BOX 172
CITY-ST-ZIP WESTVILLE, FL 00000 ☐ DELETE

TITLE T
NAME ZORN, LARRY
STREET ADDRESS RT 3 BOX 214
CITY-ST-ZIP WESTVILLE FL ☐ DELETE

TITLE D
NAME STAFFORD, RONALD
STREET ADDRESS RT 3 BOX 206
CITY-ST-ZIP WESTVILLE, FL 00000 ☒ DELETE

TITLE D
NAME YARBROUGH, KENNETH
STREET ADDRESS RT 3 BOX 359
CITY-ST-ZIP WESTVILLE FL 00000 ☒ DELETE

TITLE D
NAME ZORN, ERNEST
STREET ADDRESS RT 2 BOX 816
CITY-ST-ZIP PONCE DE LEON FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D
12 NAME Billy Locke
13 STREET ADDRESS Rt 3 Box 465
14 CITY-ST-ZIP Westville, FL 32464 ☐ Change ☒ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE D
42 NAME Billy Rethenford
43 STREET ADDRESS Rt 3 Box 358
44 CITY-ST-ZIP Westville, FL 32464 ☐ Change ☒ Addition

51 TITLE D
52 NAME Phillip Yarbrough, Jr
53 STREET ADDRESS Rt 3 Box 307
54 CITY-ST-ZIP Westville, FL 32464 ☐ Change ☒ Addition

61 TITLE D
62 NAME LAMAR ZORN
63 STREET ADDRESS Rt 3 Box 216
64 CITY-ST-ZIP Westville, FL 32464 ☐ Change ☒ Addition

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 changed, or on an attachment with an address.

SIGNATURE: Larry Zorn **LARRY ZORN**

4/7/96 Date

904-952-2182 Daytime Phone #

CR2E037 (12/95)