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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 10:46

DOCUMENT # **753484** **(5)**

1. Corporation Name
FAITH BAPTIST CHURCH OF LAWTEY INC.

Principal Place of Business	Mailing Address
CORNER OF MADISON & SOUTH PARK PO BO X349 LAWTEY FL 32058	CORNER OF MADISON & SOUTH PARK PO BO X349 LAWTEY FL 32058

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/25/1980
3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-2871910 ☐ 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
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

2. Principal Place of Business	2a. Mailing Address
21 22493 - Park st.	26 PO Box 349
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lawtey, FL	City & State 28 Lawtey, FL
Zip 24 32058 Country 25 USA	Zip 29 32058 Country 30

9. Name and Address of Current Registered Agent

MASSEY, WAYNE
NORTH OLIVE ST.
P.O. BOX 212
LAWTEY FL 32058

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 _____ (NOTE: Registered Agent signature required when indicated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	MASSEY, WAYNE	12 NAME		
STREET ADDRESS	P O BOX 212 N OLIVE ST	13 STREET ADDRESS		
CITY-ST-ZIP	LAWTEY, FL 0	14 CITY-ST-ZIP		
TITLE	~~DT~~	21 TITLE		☐ Change ☐ Addition
NAME	~~COKER, RAY~~	22 NAME		
STREET ADDRESS	~~RT 12 BOX 340~~ Delete	23 STREET ADDRESS	Delete	
CITY-ST-ZIP	~~LAKE CITY, FL 0~~	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	SULLIVAN, RICHARD	32 NAME		
STREET ADDRESS	PO BOX 1238 - 343 WALNUT ST.	33 STREET ADDRESS		
CITY ST ZIP	STARKE FL	34 CITY ST ZIP		
TITLE	PD	41 TITLE	D	☒ Change ☐ Addition
NAME	HOFFMAN, MARTIN	42 NAME	Mattox, Ed	
STREET ADDRESS	RT 1 BOX 783	43 STREET ADDRESS	6471 - Diamond Leaf Drive	
CITY-ST-ZIP	STARKE FL	44 CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE	DS	51 TITLE	DS	☒ Change ☐ Addition
NAME	JOHNSON, FRED	52 NAME	Jordan, Michael	
STREET ADDRESS	RT 1 BOX 72	53 STREET ADDRESS	Rt. 1, Box 744	
CITY ST ZIP	HAMPTON FL	54 CITY ST ZIP	Starke, FL 32091	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: Martin K Hoffman (Martin K Hoffman) 3/6/95 904-782-3106
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0023003