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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:42

DOCUMENT # 755857 (0)

1. Corporation Name
FIRST BAPTIST CHURCH OF ASTOR, INC.

Principal Place of Business	Mailing Address
24007 ANN STREET PO BOX 280 ASTOR FL 32102	24007 ANN STREET PO BOX 280 ASTOR FL 32102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1981
3a. Date of Last Report: 04/04/1994
4. FEI Number: 59-2015407 ☐ 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 24007 ANN ST	26 PO Box 280
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —
City & State 23 Astor FL	City & State 28 Astor FL
Zip 24 32102 Country 25 Lake	Zip 29 32102 Country 30 Lake

9. Name and Address of Current Registered Agent

GEORGE, Wm. MARK
~~WILLIAM, MARK G~~
56411 BRANCH RD
ASTOR FL 32102

10. Name and Address of New Registered Agent

81 Name: Wm. MARK GEORGE
82 Street Address (P.O. Box Number is Not Acceptable): 5641 I BRANCH Rd
83
84 City: Astor FL 85 Zip Code: 32102

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: Wm Mark George PASTOR 1-26-95
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T ~~CHANDLER, WILLIAM O JR~~ ~~23701 BASIN DRIVE~~ ASTOR FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	TR HARPER, BOB 65336 CLAIRE ST. ASTOR FL 32102	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR YETTER, LAWRENCE ~~25625 PERCH ROAD~~ ASTOR FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	TR LUCAS, RAY 1803 Riveredge Dr. ASTOR FL 32102	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR LOWRIE, IRENE 23939 HWY 40 ASTOR FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wm Mark George 1-26-95 7017592135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

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