

**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 # 755857 (0)

1. Corporation Name

FIRST BAPTIST CHURCH OF ASTOR, INC.



Principal Place of Business

Mailing Address

24807 ANN ST  
ASTOR FL 32102  
US

PO BOX 280  
ASTOR FL 32102  
US

3. Date Incorporated or Qualified 01/12/1981  
3a. Date of Last Report 02/13/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

59-2015407

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEORGE, WM. MARK  
56411 BRANCH RD.  
ASTOR FL 32102

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 person or persons named as registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*Wm. Mark George*

WM. MARK GEORGE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME HARPER, BOB  
STREET ADDRESS 55336 CLAIRE ST  
CITY-ST-ZIP ASTOR FL

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE  DELETE  
NAME LUCAS, RAY  
STREET ADDRESS 1803 RIVEREDGE DR.  
CITY-ST-ZIP ASTOR FL

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

TITLE  DELETE  
NAME LOWRIE, IRENE  
STREET ADDRESS 23939 HWY 40  
CITY-ST-ZIP ASTOR FL

31 TITLE  Change  Addition  
32 NAME **TR HAWKES, KEITH**  
33 STREET ADDRESS **4075 HWY 11 N.**  
34 CITY-ST-ZIP **DELAND, FL 32724**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
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 checked, on an attachment with an address.

SIGNATURE:

*Wm. Mark George*

WM. MARK GEORGE

1-19-96

352 759 2135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day, time Phone #

CR2E037 (12/95)