

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # 758987 (2)

1. Corporation Name

FAIR HAVEN BAPTIST CHURCH, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 23 AM 8:56

Principal Place of Business

33530 CR 44-B  
EUSTIS FL 32726-9701

Mailing Address

33530 CR 44-B  
EUSTIS FL 32726-9701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1981

3a. Date of Last Report

02/11/1994

4. FEI Number

59-2352626

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHASTAIN, JAMES E.  
1801 WASHINGTON AVE.  
EUSTIS FL 32726

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

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PD  
CHASTAIN, JAMES E.  
1801 WASHINGTON AVE.  
EUSTIS FL 32726

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TR  
NICHOLS, DICK  
1140 HOLLY DR.  
MT. DORA FL 32757

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

ST  
FLOYD, RUBY C.  
11100 SYCAMORE LN. #37  
LEESBURG FL 34788

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TR  
GATCH, WILLARD  
2871 N. EUDORA RD.  
EUSTIS FL 32726

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TR  
FLOYD, JAMES L  
21 KRISTIN LANE  
EUSTIS FL 32726

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-95 904-589-1949

Date

Telephone