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 # 758987 (2)

1. Corporation Name

FAIR HAVEN BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
33530 CR 44-B EUSTIS FL 32726-9701	33530 CR 44-B EUSTIS FL 32726-9701

3. Date Incorporated or Qualified: **06/30/1981**
3a. Date of Last Report: **01/23/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **59-2352626** ☐ 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**

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

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	CHASTAIN, JAMES E.		12 NAME		
STREET ADDRESS	1801 WASHINGTON AVE.		13 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL 32726		14 CITY-ST-ZIP		
TITLE	TR	☒ DELETE	21 TITLE	Deacon	☐ Change ☐ Addition
NAME	NICHOLS, DICK		22 NAME	Curtis Jackson	
STREET ADDRESS	1140 HOLLY DR.		23 STREET ADDRESS	3221 Northwind Dr.	
CITY-ST-ZIP	MT. DORA FL 32757		24 CITY-ST-ZIP	Eustis, FL. 32726	
TITLE	ST	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	FLOYD, RUBY C.		32 NAME		
STREET ADDRESS	11100 SYCAMORE LN. #37		33 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34788		34 CITY-ST-ZIP		
TITLE	TR	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	GATCH, WILLARD		42 NAME		
STREET ADDRESS	2871 N. EUDORA RD.		43 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL 32726		44 CITY-ST-ZIP		
TITLE	TR	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	FLOYD, JAMES L		52 NAME		
STREET ADDRESS	21 KRISTIN LANE		53 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL 32726		54 CITY-ST-ZIP		
TITLE	Deacon	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	Larry Hough		62 NAME		
STREET ADDRESS	42314 Hawkins Rd.		63 STREET ADDRESS		
CITY-ST-ZIP	Altoona, FL. 32702		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: James E. Chastain 2/25/96 904-589-1949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)