FILE NOW: FILING FEE IS $61.25

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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **763074** **(2)**

1. Corporation Name
MURDOCK BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
18375 TOLEDO BLADE BLVD PORT CHARLOTTE FL 33948	P.O. BOX 0484 MURDOCK FL 33936 US

3. Date Incorporated or Qualified: 04/30/1982
3a. Date of Last Repor: 02/20/1996

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: 59-2147569 ☐ Applic. ☑ Not Applic.

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

CULL, ADDIE J
3277 GABOR ST
PORT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

81 Name: SANDRA BAKER
82 Street Address (P.O. Box Number Is Not Acceptable): 530 Burning Tree Ln
83
84 City: Punta Gorda FL 85 Zip Code: 33982

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: Sandra S Baker — 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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HUNTER, ALAN D		1.2 NAME		
STREET ADDRESS	437 HAZEL CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33982		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VERNON, IVOR		2.2 NAME		
STREET ADDRESS	3205 PELLAM BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PETTIT, ROBERT V		3.2 NAME		
STREET ADDRESS	17371 SEYMOUR		3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL		3.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LUCAS, DAVID		4.2 NAME		
STREET ADDRESS	20132 LORENZO AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PETTIT, ROBERT		5.2 NAME		
STREET ADDRESS	17371 SEYMOUR		5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33953		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CULL, ADDIE J		6.2 NAME		
STREET ADDRESS	3277 GABOR STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33948		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra S Baker SIGNATURE REQUIRED — 4/29/97
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE

CR2E037 (9/96)