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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **764787** (8)
1. Corporation Name
MISSIONARY BIBLE BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address
3401 SE LAKE WEIR AVE 3401 SE LAKE WEIR AVE
OCALA FL 34471 Ocala FL 36671
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/01/1982** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-1742993** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip 25 Country 29 **34471** 30 Country

9. Name and Address of Current Registered Agent
WOODWARD, RAY
3401 S.E. LAKE WEIR AVE.
OCALA FL 34471

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WOODARD, RAY
STREET ADDRESS 3401 SE LAKE WEIR AVE.
CITY-ST-ZIP Ocala FL

TITLE TD
NAME BURNETT, DOUGLAS
STREET ADDRESS 5884 NW 56TH PLACE
CITY-ST-ZIP Ocala FL

TITLE SD
NAME PATRIA, ALICE
STREET ADDRESS 2201 SW 6TH AVE
CITY-ST-ZIP Ocala FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
NAME **D DENNIS PICKERING**
1.2 NAME
1.3 STREET ADDRESS **3490 S.E. 31ST TERRACE**
1.4 CITY-ST-ZIP **OCALA, FL 34471**

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

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

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

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

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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 chair, officer, or an attachment with an address.

SIGNATURE: *Ray Woodward* **RAY WOODWARD** **3-1-95** (904) **622-8750**
As Per conversation w/ Ray Woodward on 3-7-95
SIGNATURE AND TYPED OR PRINTED NAME OF CHAIRMAN, OFFICER, OR DIRECTOR Date Daytime (Area #)