SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $196 (IF PAID VIA, MINIMUM AMOUNT DUE TO REINSTATE: $208)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766231 (5)

1. Corporation Name

BAPTIST FELLOWSHIP CENTER, INC.

Principal Place of Business	Mailing Address
% REVEREND GEORGE SADLER, JR. 505 EAST PALM AVE. TAMPA FL 33602	% REVEREND GEORGE SADLER, JR. 505 EAST PALM AVE. TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1982
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2347915 ☐ 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 — FILING FEE IS $61.25
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SADLER, GEORGE JR., REV
505 EAST PALM AVE.
TAMPA FL 33602

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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	P	11 TITLE		☐ Change ☐ Addition
NAME	SADLER, GEORGE W.	12 NAME		
STREET ADDRESS	505 E PALM AVE	13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP		
TITLE	C	21 TITLE		☐ Change ☐ Addition
NAME	JACOBS, WILLIE J.	22 NAME		
STREET ADDRESS	3302 EAST ELLICOTT ST	23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	MURRAY, MADISON	32 NAME		
STREET ADDRESS	3507 N 35TH ST.	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP		
TITLE	CD	41 TITLE	CD	☒ Change ☐ Addition
NAME	BOWERS, WALLACE Z.	42 NAME	JOHNSON, JR., OSCAR	
STREET ADDRESS	8306 FIR DR	43 STREET ADDRESS	2619 38TH AVENUE	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	TAMPA, FLORIDA 33610	
TITLE	VD	51 TITLE	VD	☒ Change ☐ Addition
NAME	OLIVER, ROLAND H., SR	52 NAME	EDWARDS, G. E.	
STREET ADDRESS	115 W CURTIS ST	53 STREET ADDRESS	3208 EAST WILDER AVENUE	
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	TAMPA, FLORIDA 33610	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

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)(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: George W. Sadler REV. GEORGE W. SADLER, JR. 06/08/95 (813) 223-4844
SIGNATURE AND TYPED OR PRINTED NAME OF PRINCIPAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0018660