

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -7 AM 10:45

DOCUMENT # N00689 (2)

1. Corporation Name

**FIRST CHRISTIAN CHURCH OF BABSON PARK, FLORIDA,
INC.**

Principal Place of Business

Mailing Address

**1295 HIGHWAY ALTERNATE 27
BABSON PARK FL 33827**

**1295 HIGHWAY ALTERNATE 27
BABSON PARK FL 33827**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1984

3a. Date of Last Report

04/07/1994

4. FEI Number

59-2352900

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HANNAN, BETTE J.
357 N. CROOKED LAKE DRIVE
BABSON PARK FL 33827**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DS
NAME	HANNAN, BETTE JANE
STREET ADDRESS	357 N. CROOKED LAKE DR.
CITY - ST - ZIP	BABSON PARK FL 33827
TITLE	DS DT
NAME	HANNAN, ROBERT C.
STREET ADDRESS	357 N. CROOKED LAKE DR.
CITY - ST - ZIP	BABSON PARK FL
TITLE	D
NAME	VAUGHAN, ALAN
STREET ADDRESS	210 ALDO DRIVE
CITY - ST - ZIP	BABSON PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	DC	☐ Change ☒ Addition
1.2 NAME	BRUCE M'GILL	
1.3 STREET ADDRESS	218 ALDO DR.	
1.4 CITY - ST - ZIP	BABSON PARK, FL 33827	
2.1 TITLE	D.	☐ Change ☒ Addition
2.2 NAME	Michael MORROW	
2.3 STREET ADDRESS	905 RED OAK CT.	
2.4 CITY - ST - ZIP	LAKE WALES, FL 33853	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	JOHN PHILLIPS	
3.3 STREET ADDRESS	1735 Hwy A17 27	
3.4 CITY - ST - ZIP	BABSON PARK FL 33827	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	JAMES BARRON	
4.3 STREET ADDRESS	816 Chamberlin Rd.	
4.4 CITY - ST - ZIP	LAKE WALES, FL 33853	
5.1 TITLE	S	☒ Change ☐ Addition
5.2 NAME	HANNAN, BETTE JANE	
5.3 STREET ADDRESS	357 NO. CROOKED LAKE DR.	
5.4 CITY - ST - ZIP	BABSON PARK FL 33827	
6.1 TITLE	DT	☒ Change ☐ Addition
6.2 NAME	HANNAN, ROBERT C.	
6.3 STREET ADDRESS	357 NO. CROOKED LAKE DR.	
6.4 CITY - ST - ZIP	BABSON PARK FL 33827	

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)(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: Robert C. Hannan ROBERT C. HANNAN 4-4-95 817-638-1706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone