

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N01888 (9)

1. Corporation Name

FIRST FREWILL BAPTIST CHURCH OF GAINESVILLE, IN  
C.



Principal Place of Business

202 SECURITY SQUARE  
P.O. BOX 2239  
WINTER HAVEN FL 33882

Mailing Address

202 SECURITY SQUARE  
P.O. BOX 2239  
WINTER HAVEN FL 33882

3. Date Incorporated or Qualified  
03/12/1984

3a. Date of Last Report  
04/05/1995

2. Principal Place of Business

2a. Mailing Address

21 2248 Palmview Circle  
Suite, Apt. #, etc. west

26 2248 Palmview Cir-W

22 City & State  
23 Auburndale, FL

27 City & State  
28 Auburndale, FL

24 Zip 33823  
25 Country Polk

29 Zip 33823  
30 Country Polk

4. FEI Number  
59-2435920

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

COLLINS, THOMAS A.  
202 SECURITY SQUARE  
WINTER HAVEN FL 33882

2248 Palmview Circle-W  
Auburndale, FL 33823-9218

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

Signature, typed or printed name of registered agent and date (typewritten)

(NOTE: Registered Agent signature required when running up)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MONTGOMERY, LARRY W.  
STREET ADDRESS 8530 STIRLING ROAD  
CITY-ST-ZIP HOLLYWOOD FL

DELETE

TITLE DST  
NAME COLINS, THOMAS A.  
STREET ADDRESS 202 SECURITY SQUARE  
CITY-ST-ZIP WINTER HAVEN FL 33880

DELETE

TITLE VD  
NAME OWEN, TIM  
STREET ADDRESS 5410 NORTH HIGHWAY 99  
CITY-ST-ZIP BRATT FL

DELETE

TITLE D  
NAME DAVID WILLIFORD  
STREET ADDRESS 609 S. BLVD WEST  
CITY-ST-ZIP CHIPLEY FL

DELETE

TITLE D  
NAME AUSTIN, ALLAN  
STREET ADDRESS 2396 MARTIN ROAD  
CITY-ST-ZIP MARIANNA FL

DELETE ok

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13.

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

PD David Williford  
609 South Blvd. West  
Chipley, FL 33823

Change Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

D Jerry Johnson  
Route 1, Box 123  
Altha, FL 32421

Change Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

D Dan merkh  
14132 Cisne Circle  
Ft Pierce, FL 34957

Change Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

DIVP

Change Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

Change Addition

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:

Thomas A. Collins Thomas A. Collins

329-96

941-967-8135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR