

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N02132 (1)**
1. Corporation Name
FIRST BAPTIST CHURCH OF EUREKA, EUREKA, FLORIDA INC.



Principal Place of Business Mailing Address
16350 N.E. 148TH TERR. RD. P.O. BOX 389 FT MCCOY FL 32134

3. Date Incorporated or Qualified **03/22/1984** 3a. Date of Last Report **02/28/1995**
4. FEI Number **NOT APPLICABLE** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30

9. Name and Address of Current Registered Agent
**BALDWIN, DON
16570 NE 141ST CT
FT MCCOY FL 32134**

10. Name and Address of New Registered Agent
81 Name **Loretta A. Denmon**
82 Street Address (P.O. Box Number is Not Acceptable) **15875 NE 147th CT**
83
84 City **Ft McCoy, FL** FL 85 Zip Code **32134**

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 *Loretta A. Denmon* **Loretta A. Denmon President** **2-21-96**
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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALDWIN, DON	1.2 NAME	Denmon, Loretta A.
STREET ADDRESS	16570 NE 141ST CT	1.3 STREET ADDRESS	15875 NE 147th Ct
CITY-ST-ZIP	FT MCCOY FL	1.4 CITY-ST-ZIP	Ft McCoy, FL 32134
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENMON, JUDY	2.2 NAME	
STREET ADDRESS	15875 NE 14 CT	2.3 STREET ADDRESS	15875 NE 147th Ct
CITY-ST-ZIP	FT MCCOY FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROTTER, DEBRA	3.2 NAME	
STREET ADDRESS	16321 NE 141 TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MCCOY FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	700001736607
STREET ADDRESS		4.3 STREET ADDRESS	-03/08/96--01012--017
CITY-ST-ZIP		4.4 CITY-ST-ZIP	***61.25
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: **Debra D. Trotter** *Debra D Trotter* **2-29-96** **(352) 622-9355**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)