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

APPROVED AND FILED
'95 APR -7 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05731 (7)

1. Corporation Name
BIG BEND BAPTIST ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1690 CRAWFORDVILLE FL 32326-0690	P.O. BOX 1690 CRAWFORDVILLE FL 32326-0690

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1984
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2461843 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 P. O. BOX 1077	26 P. O. BOX 1077
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PANACEA, FL	City & State 28 PANACEA, FL
Zip / Country 24 32346 / 25 WAKULLA	Zip / Country 29 32346 / 30 WAKULLA

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

CARTER, MIKE
1 COURTHOUSE SQUARE NORTH
CRAWFORDVILLE FL 32327

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 _____ 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	GRAY, RODNEY	1.2 NAME	
STREET ADDRESS	RT. 1 BOX 3077	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HARVEY, ROBERT	2.2 NAME	
STREET ADDRESS	RT. 3 BOX 5101	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	WHALEY, JOHN	3.2 NAME	
STREET ADDRESS	RT. 2 BOX 4755	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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)(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: John D Whaley JOHN D. WHALEY 3/28/95 904-984-2700
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0027644