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

FILED
96 MAR -4
SECRETARY OF STATE
TALLAHASSEE FL

DOCUMENT # N07564 (0)

1. Corporation Name
BRADFORDVILLE BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
6494 THOMASVILLE ROAD TALLAHASSEE FL 32312-3834	6494 THOMASVILLE ROAD TALLAHASSEE FL 32312-3834

3. Date Incorporated or Qualified: 02/08/1985
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2484989 ☐ 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

9. Name and Address of Current Registered Agent

TAYLOR, MARTHA
5393 CHARLES SAMUEL ROAD
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name: William H. Green
82 Street Address (P.O. Box Number is Not Acceptable): 123 South Calhoun Street
83
84 City: Tallahassee FL 85 Zip Code: 32301

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 _____ Registered Agent/Director 03/04/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOSTER, ERNEST 3456 BRIAR BRANCH TR TALLAHASSEE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	CD ☒ Change ☐ Addition 200001731452 -03/05/96--01016--004 *****70.00 *****70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD WILLIAM W. WILLOUGHBY 1106 BUKINGHAM DR. TALLAHASSEE FL 32312-3606	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D ☐ Change ☒ Addition William H. Green Route 19, Box 1049 Tallahassee, FL 32308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEE KIRKPATRICK 4287 MILLWOOD LANE TALLAHASSEE FL 32312	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D ☐ Change ☒ Addition Laverne G. Patterson Route 1, Box 52 1/2 Tallahassee, FL 32312
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LAMB, DEANNA 4002 BRADFORDVILLE ROAD TALLAHASSEE FL 32308	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (12/95)

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)(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: _____ Registered Agent/Director 3/4/96 904/425-2261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SP 8/4/96