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NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N07564

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BRADFORDVILLE BAPTIST CHURCH, INC.

FILED	
Apr 23 1997 8:00am	Ì
Secretary of State	



· ·		Mailing Audress			l l			
8494 THOMASVI FALLAHASSEE I		6494 THOMASVILLE ROAD TALLAHASSEE FL 32312-36	34					
					3. Date incorporated or Qualified 02/06/1985	3a. Date o	1 Last Re 14/199	port 6
2. Principal P	Place of Business	2a. Mailing Address	······································		4. FEI Number 59-2484989	<u></u>	Ap	plied For
21		28			29.2404908			t Applicabl
Suite, Apt.	#, @IC.	Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>8.75</b> A Fee Re	dditional quired
City & Stat	e	City & State		·	6. Election Campaign Financing		\$5.00	
3 7.0	Country	Zip	Country	,	Trust Fund Contribution		Added to	
Zip 24	25	29	30	,	This corporation has liability for i     Florida Statutes	intangible tax ] Yes		199.032,
<u></u>	9. Name and Address of Cu		100		10. Name and Address of New Re			
		<del></del>	81	Name				
	WILLIAM H		82	Street Ad	ddress (P.O. Box Number is Not Acceptab	ole)		
	JTH CALHOUN STREET		_			·		
TALLAHA	ASSEE FL 32301		83	}				
			84	City		FL 8	5 Zip (	Code
11 Pureuant	to the provisions of Sections 617	0502 and 617 1508 Florida Statu	es the abov	e-named c	ornoration submits this statement for the n		engino ite	registere
office or r	registered agent, or both, in the S	State of Florida, Such change was	authorized b	y the corpo	orporation submits this statement for the poration's board of directors. I hereby accept	ot the appoint	nent as	registered
	am ramiliar wan, and accept the or	bilgations of, Section 617.0003, FI	onda sialule	S.				
SIGNATURE								
	Signature, typed or printed name of registerer	d agent and title if applicable [NO	E: Registered Ag	ent signature re	equired when reinstating)	DATE		
12.		d agent and title if applicable [NO AND DIRECTORS	E: Registered Ag	ent signature re	equired when reinstating)  ADDITIONS/CHANGES TO OFFICE		RECTOR	S IN 12
	OFFICERS CD			ent signature re	<u> </u>	ERS AND DI	RECTOR Change	
TITLE	OFFICERS CD DOSTER, ERNEST	AND DIRECTORS	13.	ent signature re	<u> </u>	ERS AND DI		
TITLE NAME	OFFICERS CD DOSTER, ERNEST 3456 BRIAR BRANCH TR	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME	ent signature re	<u> </u>	ERS AND DI		
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I do nereby certify that the importance supplied with this lining boes not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated of his 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 perporation of 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 it changed from a partiachment with an address.

SIGNATURE:

Clust OUIRED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR