

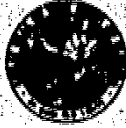
**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

**95 APR 26 AM 10:57**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # N08335 (4)**

**1. Corporation Name  
FIRST BAPTIST CHURCH OF ARGYLE, INC.**

**Principal Place of Business Mailing Address  
6823 ARGYLE FOREST BLVD. JACKSONVILLE FL 32244**

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified 03/25/1985 3a. Date of Last Report 06/30/1994**  
**4. FEI Number 59-2452062 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**  
**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**

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

**9. Name and Address of Current Registered Agent**  
**DRINNON, HENRY  
2314 TORBAY DR  
JACKSONVILLE FL 32073**

**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** \_\_\_\_\_  
Signatures, typed or printed name of registered agent and Use if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>ROBINSON, EDWARD</b>
<b>STREET ADDRESS</b>	<b>6209 SHINDLER DR.</b>
<b>CITY-ST-ZIP</b>	<b>JACKSONVILLE FL</b>
<b>TITLE</b>	<b>VP</b>
<b>NAME</b>	<b>GUGLIOTTA, THOMAS</b>
<b>STREET ADDRESS</b>	<b>8228 WEYBRIDGE DR</b>
<b>CITY-ST-ZIP</b>	<b>JACKSONVILLE FL</b>
<b>TITLE</b>	<b>TD</b>
<b>NAME</b>	<b>SUMMERLIN, RAYMOND</b>
<b>STREET ADDRESS</b>	<b>8439 ALLWINE CT</b>
<b>CITY-ST-ZIP</b>	<b>JACKSONVILLE FL</b>
<b>TITLE</b>	<b>VP</b>
<b>NAME</b>	<b>SHOCKLEY, FRANK</b>
<b>STREET ADDRESS</b>	<b>8128 POE CT.</b>
<b>CITY-ST-ZIP</b>	<b>JACKSONVILLE FL</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>CONNORS, VINCENT</b>
<b>STREET ADDRESS</b>	<b>6559 RAMPART RD.</b>
<b>CITY-ST-ZIP</b>	<b>JACKSONVILLE FL</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>GILLEN, KENT</b>
<b>STREET ADDRESS</b>	<b>8533 CROSS TIMBERS DR., W.</b>
<b>CITY-ST-ZIP</b>	<b>JACKSONVILLE, FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	<b>SHOCKLEY, FRANK</b>
<b>1.3 STREET ADDRESS</b>	<b>8126 Poe Ct.</b>
<b>1.4 CITY-ST-ZIP</b>	<b>Jacksonville, FL</b>
<b>2.1 TITLE</b>	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	<b>McDOWELL, MELVIN</b>
<b>2.3 STREET ADDRESS</b>	<b>3466 Red Oak Circle</b>
<b>2.4 CITY-ST-ZIP</b>	<b>Orange Park, FL</b>
<b>3.1 TITLE</b>	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	<b>BROWN, ROBERT</b>
<b>3.3 STREET ADDRESS</b>	<b>8149 Cholo Trail</b>
<b>3.4 CITY-ST-ZIP</b>	<b>Jacksonville, FL</b>
<b>4.1 TITLE</b>	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>4.2 NAME</b>	<b>GILLEN, JERRY K.</b>
<b>4.3 STREET ADDRESS</b>	<b>8533 Cross Timbers Dr. W.</b>
<b>4.4 CITY-ST-ZIP</b>	<b>Jacksonville, FL</b>
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY-ST-ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY-ST-ZIP</b>	

**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 the 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:** \_\_\_\_\_ **DATE:** 4-18-95 **OPTIONAL PHONE #:** 904-777-1238  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Frank Shockley*  
**Frank Shockley**