

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 # **N08455** (0)

1. Corporation Name

FIRST BAPTIST CHURCH OF CASSELBERRY, INC.



Principal Place of Business

Mailing Address

770 SEMINOLA BOULEVARD
CASSELBERRY FL 32707

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CASSELBERRY FL 32707

3. Date Incorporated or Qualified
04/01/1985

3a. Date of Last Report
04/28/1995

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

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4. FEI Number
59-1107558

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

10. Name and Address of New Registered Agent

**REVEREND CULLEN CHESSER
2844 REGAL LANE
OVIDO FL 32765**

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 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

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	DP	<input checked="" type="checkbox"/> DELETE
NAME	STAN COOK	
STREET ADDRESS	1259 MARINA POINT, #101	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REV. CULLEN CHESSER	
STREET ADDRESS	2844 REGAL LANE	
CITY-ST-ZIP	OVIDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WYNNE, JOHN	
STREET ADDRESS	691 WINTER PARK DR., N.	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MRS. ZONA DYER	
STREET ADDRESS	769 E MAGNOLIA AVENUE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MRS. VERA CHANNEL	
STREET ADDRESS	1287 LAURA STREET	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DONALD REID	
1.3 STREET ADDRESS	43 APPLE HILL HOLLOW	
1.4 CITY-ST-ZIP	CASSELBERRY, FL 32707	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	TREAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Mrs VERA CHANNEL	
5.3 STREET ADDRESS	1287 LAURA STREET	
5.4 CITY-ST-ZIP	CASSELBERRY FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CARL YOUNG	
6.3 STREET ADDRESS	994 LAURA STREET	
6.4 CITY-ST-ZIP	CASSELBERRY, FL 32707	

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:

Zona Dyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96
Date

407-695-0446
Daytime Phone #

CR2E037 (12/95)