FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N12968

(6)

FIRST BAPTIST CHURCH OF BAREFOOT BAY, INC. Principal Place of Business Mailing Address							
303 BAREFOOT BOULEVARD BAREFOOT BAY FL 32976 303 BAREFOOT BOULEVARD BAREFOOT BAY FL 32976							
					3. Date Incorporated or Qualified 01/15/1986	3a. Date of Last 02/21/	•
2. Principal Pl	lace of Business	2a. Mailing Address 26			4. FEI Number 59-2658401	F	Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc.							Not Applicable 5 Additional
22 27					5. Certificate of Status Desired	1 1 '	Required
City & State	e	City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
Zip Country				Added to Fees			
24	25	29	¬		 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 		
	9. Name and Address of Curren		100		10. Name and Address of New Re		
			81	Name			
LEIST, ANN			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
628 E HYACINTH CIRCLE			83				
BAREFO	OOT BAY FL 32976		03				
			84	City		65 Z	ip Code
familiar wi	to the provisions of Sections 617.0502 red agent, or both, in the State of Floric ith, and accept the obligations of, Secti	ta. Such change was authoriz	ed by the corp	named corpo oration's boa	ration submits this statement for the purp ard of directors. I hereby accept the appoi	ose of changing its ntment as registered	registered office d agent. I am
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NC	TE: Registered Agen	t signature require	ed when reinstating)	DATE	
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTO	ORS IN 12
TITLE	T	DELETE	1.1 TOTLE			Change	Addition
NAME CIRCLI ADDRESS	CHASE, DONALD 503 W. PAPAYA CIRCLE		1.2 NAME				
STREET ADDRESS CITY-ST-ZIP	BAREFOOT BAY FL		1.3 STREET				
TITLE	D DANCIOUI DATE	DELETE	1.4 CITY - S 2.1 TITLE	1-219		☐ Change	☐ Addition
NAME	LEIST, ANN	_	2.2 NAME			- c.a.igc	
STREET ADDRESS	ASA LIMA ORUTI L'ORDOLE		2.3 STREET	ADDRESS			
CITY-ST-ZIP	BAREFOOT BAY FL	2 4		IT-ZIP			
TITLE	D	DELETE	3 1 TITLE			Change	☐ Addition
NAME	CHASE, ELAINE		3.2 NAME				
STREET ADDRESS	503 W PAPAYA CIRCLE		3 3 STREET				
CITY · ST - ZIP TITLE	BAREFOOT BAY FL D	DELETE	34. CITY - ST - ZIP 41 TITLE			Clobana	D Address.
NAME	HYMAN, FANSELOW		4.2 NAME			Change	☐ Addition
STREET ADDRESS			4.2 NAME	ADDRESS			
CITY-ST-ZIP	SEBASTIAN FL	OHOO HAMBOH	4.4 CITY - S	1	_		
TITLE	D	DELETE	5.1 TITLE		<u> </u>	Charge	☐ Addition
NAME	RYAN, CLIFF		5.2 NAME		-03/05/96011	03001	
STREET ADORESS	509 SEAGULL CIRCLE		5 3 STREET	ADDRESS	***61.25		
CITY - ST - ZIP	BAREFOOT BAY FL		5.4 CITY - S	I - ŽIP			
TITLE	D	DELETE	6.1 TITLE			☐ Change	Addition
NAME OTOEST TROPERS	HOLZWARTH, KATHERINE		6 2 NAME				
STREET ADDRESS	516 N SEAGULL CIRCLE		6.3 STREET				
CITY-ST-ZIP	BAREFOOT BAY FL		6.4 CITY - S	I-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)(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 cath; 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: Just Changemen

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Ann Laist Chairparson Trustons

124/96 (407) 664-1040 Date Daytine Phone # CR2E037 (12/95)