

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 11 PM 9:54

DOCUMENT # **N18294** (1)  
1. Corporation Name  
**FIRST BAPTIST CHURCH OF EAU GALLIE, INC.**

Principal Place of Business Mailing Address  
**% JAMES D. MIXSON**  
**560 MONTREAL AVENUE**  
**MELBOURNE FL 32935-1450**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/17/1986** 3a. Date of Last Report **03/28/1994**  
4. FEI Number **59-6019779** Applied For  
Not Applicable

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

5. Certificate of Status Desired  \$6.75 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MIXSON, JAMES D**  
**560 MONTREAL AVENUE**  
**MELBOURNE FL 32935-1450**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
1.1 STD EDENFIELD, BERNARD C. 1557 CARIBBEAN CIRCLE MELBOURNE FL  
1.2  
1.3  
1.4  
2.1 D LITTLEFIELD, WESLEY 3521 N. SYLVAN LANE MELBOURNE FL  
2.2  
2.3  
2.4  
3.1 D BELL, VANCE L 1324 RIVERMONT DRIVE MELBOURNE FL  
3.2  
3.3  
3.4  
4.1 D BURKLEW, RICHARD 3269 KENT DRIVE MELBOURNE FL  
4.2  
4.3  
4.4  
5.1 CD MIXSON, JAMES D. 3700 PARKWAY DRIVE MELBOURNE FL  
5.2  
5.3  
5.4  
6.1 D NELSON, B. B. 3535 HAMMOCK TRAIL MELBOURNE FL  
6.2  
6.3  
6.4

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bernard C. Edenfield  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-95 (107) 259-3686  
DATE Florida Phone #