

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 10 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N19155 (3)

1. Corporation Name

INDIANTOWN BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

15457 S.W. 150 STREET
P.O. BOX 275
INDIANTOWN FL 34956-3323

15457 S.W. 150 STREET
P.O. BOX 275
INDIANTOWN FL 34956-3323

3. Date Incorporated or Qualified

02/10/1987

3a. Date of Last Report

02/08/1994

4. FBI Number

59-1310764

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$0.75 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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERMAN, DONALD
15110 S.W. TRAIL CT.
P.O. BOX 275
INDIANTOWN FL 34956

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BAKER, REID
STREET ADDRESS 8801 SW FOX-BROWN RD
CITY-ST-ZIP INDIANTOWN FL remove

1.1 TITLE D
1.2 NAME Robert Huntley
1.3 STREET ADDRESS 25001 SW 86th St., P.O. Box 284
1.4 CITY-ST-ZIP Indiantown, FL 34956

TITLE VD
NAME HERMAN, DON
STREET ADDRESS 15110 S.W. TRAIL CT
CITY-ST-ZIP INDIANTOWN FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME GREEN, MYRTLE
STREET ADDRESS 14624 SW CITRUS BLVD
CITY-ST-ZIP INDIANTOWN FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME GOODE, WARREN
STREET ADDRESS 14700 S.W. CITRUS BLVD.
CITY-ST-ZIP INDIANTOWN FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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)(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald Herman

Donald Herman

03/21/95

(407)597-2442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Telephone Number