

# 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 # **N24502** (9)  
1. Corporation Name  
**SANTA FE BAPTIST CHURCH, INC.**



Principal Place of Business: **7505 CR 236 SANTA FE FL 32616 US**  
Mailing Address: **P. O. BOX 37 SANTA FE FL 32616 US**

3. Date Incorporated or Qualified: **01/25/1988**  
3a. Date of Last Report: **02/22/1995**  
4. FEI Number: **59-2961144**  
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, and Zip/Country.

9. Name and Address of Current Registered Agent: **BRAGG, TERESA D 5617 NW 254TH AVE. LACROSSE FL 32658**  
10. Name and Address of New Registered Agent (81-85) fields.

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 officer 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: *Teresa D. Bragg*, **TERESA D. BRAGG, Treasurer** 1/31/96  
(NOTE: Registered Agent signature required when establishing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IMLER, J. S.	12 NAME	
STREET ADDRESS	STATE ROAD 236	13 STREET ADDRESS	
CITY-ST-ZIP	SANTA FE FL	14 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKHAM, JULIAN	22 NAME	
STREET ADDRESS	RT. 2, BOX 193	23 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL	24 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORRIS, DELLY	32 NAME	
STREET ADDRESS	RT. 2, BOX 194	33 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL	34 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAGG, TERESA D	42 NAME	
STREET ADDRESS	5617 NW 254TH AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	LACROSSE FL	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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: *Teresa D. Bragg*, **TERESA D. BRAGG, Treasurer** 1/31/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)