

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1996**



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

**DOCUMENT # N25357 (7)**

1. Corporation Name  
**FIRST BAPTIST CHURCH OF CUYLER, INC.**



Principal Place of Business Mailing Address  
**PO BOX 608 PO BOX 608**  
**GLEN ST. MARY FL 32040 GLEN ST. MARY FL 32040**

3. Date Incorporated or Qualified **03/11/1988** 3a. Date of Last Report **04/12/1995**

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 25 Country 29 Zip 30 Country

4. FEI Number **59-2117400** 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  
**CRAWFORD, SARAH D.**  
**RT 1 BOX 814**  
**SANDERSON FL 32087**

10. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ANDERSON SR., DONNIE R.</b>	
STREET ADDRESS	<b>RT. 1, BOX 750-B</b>	
CITY-ST-ZIP	<b>SANDERSON FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FRANKE, LARRY</b>	
STREET ADDRESS	<b>RT. 2</b>	
CITY-ST-ZIP	<b>SANDERSON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BATTEN, STANLEY</b>	
STREET ADDRESS	<b>RT. 2</b>	
CITY-ST-ZIP	<b>GLEN ST. MARY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CRAWFORD, SARAH D.</b>	
STREET ADDRESS	<b>RT. 1</b>	
CITY-ST-ZIP	<b>SANDERSON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GODBOLD, ROY</b>	
STREET ADDRESS	<b>RT. 2</b>	
CITY-ST-ZIP	<b>GLEN ST. MARY FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>HEPPNER, MICHAEL W.</b>	
1.3 STREET ADDRESS	<b>P.O. BOX 33</b>	
1.4 CITY-ST-ZIP	<b>SANDERSON FL. 32087</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SPARKMAN, DEBORAH A</b>	
2.3 STREET ADDRESS	<b>RT. 2 BOX 1220</b>	
2.4 CITY-ST-ZIP	<b>GLEN ST. MARY FL. 32040</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Sarah D. Crawford* 6-17-96, 904-259-7800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)