FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N25933 (5)

1. Corporation Name
MIDWAY BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
2902 E. MIDWAY RD. PLANT CITY FL 33565	2902 E. MIDWAY RD. PLANT CITY FL 33565

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1988
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-1936407 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc — 27
City & State — 28
Zip — 29 Country — 30

5. Certificate of Status Desired ☐ **$8.75** 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

CATO, JOHN E.
4502 N WILDER RD
PLANT CITY FL 33565

10. Name and Address of New Registered Agent

81 Name: CROWLEY, CARL R.
82 Street Address (P.O. Box Number is Not Acceptable): 3624 N. E. Frontage Rd.
83 Plant City, FL 33565
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: Carl R. Crowley — CARL R. CROWLEY, — 4-20-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	D ☐ Change ☐ Addition
NAME	PINION, HERMAN	12 NAME	William REED
STREET ADDRESS	4202 E. KNIGHTS GRIFFIN	13 STREET ADDRESS	5020 W. Knights Griffin Rd.
CITY-ST-ZIP	PLANT CITY FL	14 CITY-ST-ZIP	Plant City, FL 33565
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	FUTCH, RAY	22 NAME	
STREET ADDRESS	2902 E. WILLIAMS ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	CROUSE, ALLEN	32 NAME	
STREET ADDRESS	4065 SWINDELL ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	BUCHANAN, RUBY	42 NAME	
STREET ADDRESS	2710 N. WILDER ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, JOYCE	52 NAME	
STREET ADDRESS	4107 N. WILDER RD.	53 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	OSBORN, CLYDE	62 NAME	
STREET ADDRESS	2804 E MAYDAY RD	63 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	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)(i), 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: Ruby Buchanan T/D — Ruby Buchanan, T/D — 4/21/95 — 813 752-1329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062477