FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N25987

(1)

FIRST BAPTIST CHURCH OF ELLENTON, FLORIDA, INC.

Principal Place of Business Mailing Address					
9HENRY JACKSON CAYLOR 9HENRY JACKSON CA 1707-36TH AVENUE EAST 1707-36TH AVENUE EAST PALMETTO FL 34221 PALMETTO FL 34221					
		THEMESTO I E GREE		3. Date incorporated or Qualified 04/19/1988	3a. Date of Last Report 04/18/1995
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number 59-2468455	Applied For
21		26		39 2400433	Not Applicable
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & St	tate	City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
23 Zip	Country	28 Zip	Country	This corporation has liability for in	
24	25	29	30		Yes Mo
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Re	gistered Agent
			B1 Name	LENA J. ROGERS	
CAYLOR, HENRY JACKSON				Street Address (P.O. Box Number is Not Acceptable)	
	36TH AVENUE EAST		83	R.XOX BOX 246 X	
# PACHIC 110 1 C 04221				1707 36th AVENUE EAST	
4			84 City	PALMETTO,	FL 85 Zip Code 34221
11. Pursua	nt to the provisions of Sections 617.0502	and 617.1508, Florida Statu	tes, the above-named corp	poration submits this statement for the nurr	ose of changing its registered office
or regis familiar	stered agent, or both, in the State of Florid with, and expept the obligations of, Spett	la. Such change was authori on 617.0503, Florida Statute	zed by the corporation's bo is.	pard of directors. I hereby accept the appoint	Intment as registered agent. I am
SIGNATURE	~~~ \sigma	ogers)		apri	12,1996
40	Signature, typed or printed name of egistered agent OFFICERS AND		OTE: Registered Agent signature requ	uired when reinstating: ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
12.	OFFICERS AINL	DELETE	1.1 TITLE	D	Change & Addition
NAME	ROGERS, LENA JEWEL		12 NAME	DOROTHY STEVENSON	
STREET ADDRES	47700 LBMV 00		1.3 STREET ADDRESS	812 44th AVENUE E	AST
CITY-ST-ZIP	PARRISH FL		1.4 CITY-ST-ZIP	ELLENTON, FLORIDA	
TITLE	D	□ DELETE 20	2.1 TITLE		Change Addition
NAME	CAYLOR, HENRY JACKSON		2.2 NAME		
STREET ADDRES			2.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	D	Change Addition
TITLE NAME	MILLER, ORVILLE (DICK)	Detere	3.1 TITLE 3.2 NAME	ORVILLE (DICK) MI	
STREET ADDRES	2010 DEDNIADETTE DDN/E		3.3 STREET ADDRESS	2510 3rd STREET E	
CITY-ST-ZIP	ELLENTON FL		3 4. CITY-ST-ZIP	BRADENTON, FLORID	
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRES	ss		4.3 STREET ADDRESS	10000177 -04/12/36010	°8861
CITY-ST-ZIP		Dec exe	4.4 CITY - ST - ZIP	<u>-04/12/36010</u>	36006
TITLE		DELETE	5.1 TITLE	***70.00	Change Addition
NAME			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRE	350		5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME) ¹ / ₁₁₂
STREET ADDRE	ess		6.3 STREET ADDRESS		14.11
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
certify	that the information indicated on this annu-	ial report or supplemental an	nnual report is true and acc	fy for the exemption stated in Section 119.0 urate and that my signature shall have the	same legal effect as if made under
nath t	that I am an officer or director of the corpors in Block 12 or Block 13 if changed or o	oration or the receiver or trust	tee empowered to execute	this report as required by Chapter 617, Flo	orida Statutes; and that my name

SIGNATURE: SIGNATURE AND TIPED OR PRINTED THE OF SIGNING OFFICER OF DIRECTOR

Day 1796 941-122-437

CR2E037 (12/95)