

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**

95 FEB 17 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N26906** (0)  
1. Corporation Name  
**FIRST BAPTIST CHURCH OF ARCADIA, INC.**

Principal Place of Business Mailing Address  
**1008 N. BREVARD AVE** **1008 N. BREVARD AVE**  
**ARCADIA FL 33821** **ARCADIA FL 33821**  
**US** **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/10/1988</b>	3a. Date of Last Report <b>03/08/1994</b>
4. FEI Number <b>59-0689702</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent  
**BROWN, FLETCHER**  
**124 N. BREVARD AVE.**  
**ARCADIA FL 33821**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRAY, GLEN 1684 S.W. PLUM DRIVE ARCADIA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD Wallis, Marsden <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 35 El Verano Road Arcadia, FL 33821
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD COKER, MURL RT. 2, BOX 343 ARCADIA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VD Coker, Dale <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P. O. Box 1638 N/A Arcadia, FL 33821
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DOZIER, JOYCE 153 S. VOLUSIA AVE ARCADIA FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COKER, DALE P. O. BOX 1638 N/A ARCADIA FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	D Forbes, Fred <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 440 N. Brevard Ave. Arcadia, FL 33821
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COKER, MURL RT. 2, BOX 343 ARCADIA FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	D Womack, Robert L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P. O. Box 1422 N/A Arcadia, FL 33821
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SORRELLS, STEVE 125 MARSHALL AVE ARCADIA FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marsden Wallis 2/8/95  
Marsden Wallis, Director