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

N26906 DOCUMENT #

(0)

FIRST BAPTIST CHURCH OF ARCADIA, INC. Principal Place of Business Mailing Address											
1006 N. BREV ARCADIA FL S	=	1006 N. BREVARD AVE ARCADIA FL 33821									
US		US				3. Date Incorporated or Qualified 06/10/1988	3a. Date of 02/1	Last F 17/19	Report 195		
2. Principal Pla	ace of Business	2a. Mailing Address 26				4. FEI Number 59-0689702	Applied For Not Applicable				
Suite, Apt. # 22	ŧ, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State	,	City & State				Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees				
Zip 24	Country Zip 25 29 3			intry	•	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					
	9. Name and Address of Curre	nt Registered Agent		Ш,		10. Name and Address of New Re	gistered Ager	nt		_	
				81	Name						
124 N. B	FLETCHER REVARD AVE.			82	Street A	Vidress (P.O. Box Number is Not Acceptable	i)				
ARCADIA	FL 33821			63							
				84	City		FL 85		Code		
or register	o the provisions of Sections 617.050: ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was authorize	ed by the i	ove-n	named co oration's l	rporation submits this statement for the purp board of directors. I hereby accept the appo	oose of changin intment as regis	g its re stered :	egistered office agent. I am		
SIGNATURE _	Signature, typed or printed name of registered age	no file it postorbie	1 : Dometore	Agen	u cional es re	quired when reinstating)	DATE				
12.		ID DIRECTORS	13.	Agen	it signatare it	ADDITIONS/CHANGES TO OFFE		ECTO	RS IN 12	CR2E037 (12/95)	
TITLE	PD	DELETE	1.1.7	ITLE			□ Ch	iange	Addition	12	
NAMÉ	WALLIS, MARSDEN	_	1.2 N	AME						37	
STREET ADDRESS	35 EL VERANO ROAD	EL VERANO ROAD		1.3 STREET ADDRESS						lö	
CITY-ST-ZIP	ARCADIA FL		140	ITY-S	T-ZIP					厸	
TITLE	VD	DELETE	2 1 T	ITLE		VD	∑X Ch	nange	Addition Addition	ျပ	
NAME	COKER, MURL		22N	AME	1	Coker, Dale					
STREET ADDRESS	P O BOX 1638 N/A	/A		2.3 STREET ADDRESS		P.O. Box 1638					
CITY-ST-ZIP	ARACADIA FL				ST-2IP	Arcadia FL 33821	F-1 0		F7 4.33"	4	
TITLE	SD 10V05	DELETE	3.1 7				□ Cr	iange	Addition		
NAME	DOZIER, JOYCE		321								
STREET ADDRESS	153 S. VOLUSIA AVE				ADDRESS						
CITY-ST-ZIP	ARCADIA FL	Doctor			ST-ZIP		[X] CI	hanne	Addition	-	
TITLE	FORBES, FRED	DELETE	4.1 T	NAME		D Yost, Carl	LAL O	arigo			
NAME	440 N BREVARD AVE				. ACDDITOR	6443 NW Pinehurst Dr				İ	
STREET ADDRESS	ARCADIA FL				AODRESS ST-ZIP	Arcadia Fl 33821					
CHTY-ST-ZIP	D	DELETE	5.1 T		51-ZIP	Arcadia F1 53621	ПС	hange	Add-tion	-	
TITLE	WOMACK, ROBERT L	Doctor		IAME				-			
NAME STREET ADDRESS	P O BOX 1422 N/A			5.3 STREET ADORESS							
	ARCADIA FL			5 4 City-St-ZIP							
CITY-ST-ZIP TITLE	TD	DELETE		HTLF	21-411			hange	Addition	1	
NAME	SORRELLS, STEVE	<u> </u>		IAME							
STREET ADORESS	125 MARSHALL AVE				T ADDRESS						
CITY-ST-ZIP	ARCADIA FL		64 C							1	
0111-01-71F	L			l alaa		Vit. for the exemption stated in Costion 110	17/21/W Elocida	Ctatut	on I further	ヿ	

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 logal effect as if made under cath; 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 a rattachment with an address.

SIGNATURE:

Steve Sorrells, Treasurer 3/29/96 941–494–3622

SIGNATURE:

Steve Sorrells, Treasurer RINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96

941-494-3622

Daytime Phone #