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Jan 29 1996 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N26963** (1)

1. Corporation Name

BAYWOODS ASSEMBLY MINISTRIES, INC.

Principal Place of Business

**1808 WOODCHUCK AVE.
PENSACOLA FL 32504**

Mailing Address

**1808 WOODCHUCK AVE.
PENSACOLA FL 32504**

3. Date Incorporated or Qualified
06/15/1988

3a. Date of Last Report
06/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2908400

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

10. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301**

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

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 **D** ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **JOHNSON, HENRY**
STREET ADDRESS **1808 WOODCHUCK AVENUE**
CITY-ST-ZIP **PENSACOLA FL**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **SV** ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **COOLEY, CLARA R.**
STREET ADDRESS **1808 WOODCHUCK AVENUE**
CITY-ST-ZIP **PENSACOLA FL**

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **WALTERS, NANCY E.**
STREET ADDRESS **1808 WOODCHUCK AVENUE**
CITY-ST-ZIP **PENSACOLA FL**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **WALTERS, M.W.**
STREET ADDRESS **1808 WOODCHUCK AVENUE**
CITY-ST-ZIP **PENSACOLA FL**

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **THOMAS, MAX**
STREET ADDRESS **1808 WOODCHUCK AVENUE**
CITY-ST-ZIP **PENSACOLA FL**

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **CISSNA, J. R.**
STREET ADDRESS **1808 WOODCHUCK AVE**
CITY-ST-ZIP **PENSACOLA FL**

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: **REV. J. R. CISSNA** *Rev. J. R. Cissna* 1/23/96 904-4743705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CP2E037 (12/95)