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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N26991** (2)

1. Corporation Name

SHANNON AVENUE BAPTIST CHURCH OF PLANT CITY, INC



Principal Place of Business

Mailing Address

1310 N SHANNON AVE
P.O. BOX 4149
PLANT CITY FL 33566
US

1310 N SHANNON AVE
P.O. BOX 4149
PLANT CITY FL 33566
US

3. Date Incorporated or Qualified

06/17/1988

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DELETE P.O. Box

DELETE P.O. Box

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SALYER, LARRY J
6303 FORESTWOOD DR., E
LAKELAND FL 33811**

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]

(NOTE: Registered Agent signature required when reinstating)

2/12/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **HUBBARD, DANIEL**
STREET ADDRESS **307 NORTH WEBB ROAD**
CITY-ST-ZIP **PLANT CITY FL**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **MARTIN, RON**
1.3 STREET ADDRESS **4815 S. WALLACE RD.**
1.4 CITY-ST-ZIP **PLANT CITY, FL. 33567**

TITLE **D** ☐ DELETE
NAME **SALYER, LARRY**
STREET ADDRESS **6303 FORESTWOOD DR.E.**
CITY-ST-ZIP **LAKELAND FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **HUBBARD, GEORGE**
STREET ADDRESS **6616 LUNN RD**
CITY-ST-ZIP **LAKELAND FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **SMITH, CHARLES**
STREET ADDRESS **11 N. JOHN MARTIN**
CITY-ST-ZIP **PLANT CITY FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **CLEMONS, STEVE**
STREET ADDRESS **1111 NORTH MCDAVID DRIVE**
CITY-ST-ZIP **PLANT CITY FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96 941-644-3211
Date Daytime Phone #

CR2E037 (12/96)