

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N28550 (4)

1. Corporation Name

ANTIOCH BAPTIST CHURCH OF FT. MYERS, INC.



Principal Place of Business

C/O WILLIAM LANDRUM
2828 ECONOMY ST.
FT. MYERS FL 33916
US

Mailing Address

%WILLIAM LANDRUM
2828 ECONOMY STREET
FT. MYERS FL 33916

3. Date Incorporated or Qualified
10/28/1988

3a. Date of Last Report
02/09/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number
65-0132438

Applied For
Not Applicable

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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24

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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

LANDRUM, WILLIAM
2828 ECONOMY STREET
FT. MYERS FL 33916

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

TITLE PD
NAME BROWN, RUSSELL L.,
STREET ADDRESS 2 KINGSMAN CIRCLE
CITY-ST-ZIP FT. MYERS FL ☐ DELETE

TITLE VD
NAME HUGHES, LOREEN P.,
STREET ADDRESS 2255 PAULDO ST.
CITY-ST-ZIP FT. MYERS FL ☐ DELETE

TITLE STD
NAME MCGRIFF, DOROTHY
STREET ADDRESS 3266 DALE STREET
CITY-ST-ZIP FT. MYERS FL ☐ DELETE

TITLE VD
NAME FORD, BARBARA P.
STREET ADDRESS 2945 BROWN STREET
CITY-ST-ZIP FT. MYERS FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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:

Loreen P. Hughes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Loreen P. Hughes

March 17, 1996

Date

Daytime Phone

CR2E037 (12/95)