

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N29527 (1)**

1. Corporation Name  
**YOUNGSTOWN BAPTIST CHURCH, INC.**



Principal Place of Business Mailing Address  
**C/O WILLIAM PLAZARIN**  
11335 FIRST STREET (P.O. BOX 229)  
YOUNGSTOWN FL 32466-2510

3. Date Incorporated or Qualified **12/02/1988** 3a. Date of Last Report **07/07/1995**

2. Principal Place of Business 2a. Mailing Address  
**21 12115 Hwy 231** **26 P.O. Box 229**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22 YOUNGSTOWN, FL** **27**  
City & State City & State  
**23 8** **28 YOUNGSTOWN, FL**  
Zip Country Zip Country  
**24 32466** **25 FL** **29 32466** **30 FL**

4. FEI Number **59-2827373** 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  
**ARNOLD, OLIVER W.**  
12401 HIGHWAY 231  
YOUNGSTOWN FL 32466

10. Name and Address of New Registered Agent  
**B1 Name Henry Gilliland**  
**B2 Street Address (P.O. Box Number is Not Acceptable) 10616 Floyd Lane**  
**B3 Youngstown, FL 32466**  
**B4 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 *Henry Gilliland* **Henry Gilliland** 1-21-96  
(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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	T.J. Boswell <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARNOLD, OLIVER W.	1.2 NAME	12417 HWY 231
STREET ADDRESS	12401 HIGHWAY 231	1.3 STREET ADDRESS	Youngstown FL 32466
CITY-ST-ZIP	YOUNGSTOWN FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HACHMEISTER, JOHN	2.2 NAME	
STREET ADDRESS	RT. B, BOX 2406	2.3 STREET ADDRESS	
CITY-ST-ZIP	YOUNGSTOWN FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HACHMEISTER, TONI D.	3.2 NAME	
STREET ADDRESS	RT. B, BOX 2406	3.3 STREET ADDRESS	
CITY-ST-ZIP	YOUNGSTOWN FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLILAND, HENRY	4.2 NAME	
STREET ADDRESS	10616 FLOYD LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	YOUNGSTOWN FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEACOCK, ROY D.	5.2 NAME	
STREET ADDRESS	12036 VEAL ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	5.4 CITY-ST-ZIP	
TITLE	PAS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLAZARIN, WILLIAM	6.2 NAME	
STREET ADDRESS	11335 1ST STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	YOUNGSTOWN FL	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: *Henry Gilliland* **Henry Gilliland** 1-21-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)