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

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

N30505

(4)

**BAYOU CHURCH OF CHRIST, INCORPORATED** 

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Principal Place of Business Malling Address								L INDESTRE AND THIS OCCUP ENTER DOING	Mili Milkii Mil	I) Athli Bigil 1	hidia dadai indi
1460 PINE ST NICEVILLE FL	32578	1208 BAYSHORE DR NICEVILLE FL 32578-3009 US									
U\$			03					3. Date incorporated or Qualified 02/03/1989		of Last R 03/15/19	
2. Principal P	lace of Business	2a. Mailing Address 26					4. FEI Number Applied For S9-2894133 Not Applicable				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired				
City & State	0	City & State					6. Election Campaign Financing \$5.00 May Be				
Zip Country			28					Trust Fund Contribution Added to Fees			
Zip	} <sub>1</sub>	Zip Count			itry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes S No				
24	9. Name and		29 30 Registered Agent			<del></del>	10. Name and Address of New Registered Agent				
					<del> </del> ,	81	Name			<del>*</del>	
PARISH, DONNA M. 1211 S CEDAR AVENUE					ļ,	82	Street Addre	ess (P.O. Box Number is Not Acceptat	le)		
	LE FL 32578			ļ <sub>ī</sub>	83						
MOLVICLE TE DEDIO						84	City			85 Zip (	Code
						1	•		<u>FL</u>		
	to the provisions of registered agent, of im familiar with, an	or Sections 617,050 or both, in the State of accept the oblig	e of Florida. Such gations of, Section	change was 617.0503, Fi	ies, the ab authorized orida Statu	ove by tes	-named corp the corporati	oration submits this statement for the points board of directors. I hereby acceptions	orpose of the appo	changing it intment as	is registered registered
SIGNATURE Signalure, typed or printed name of registered agent and title if applicable. (NOTE: Regis							nt signature require	ed when reinstating?	DATE		
12.		OFFICERS AN	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	SD	(0) 10 5	'	DELETE	1.1 101					Change	☐ Addition
NAME	BRADFORD,				1.2 NA						
STREET ADDRESS	310 MCEWE				1		ADDRESS				1
CITY-ST-ZIP TITLE	NICEVILLE F	<u>L</u>		DELETE	1.4 CIT 2.1 TITI		1-ZIP		<del></del>	Change	Addition
NAME	PARISH, JR.	JAMES A	•		2.2 NA			•			
STREET ADORESS	1208 BAYSH				2.3 STA	LEET A	ADDRESS				
CITY-S1-ZIP	NICEVILLE F				2. 4 CF	ry-\$	3T-ZIP	•			
TITLE	TD			DELETE	3.1 TITI	LE				Change	Addition
NAME	TAYLOR, RO	Bert L.			3.2 NAJ	V!E					
STREET ADDRESS	102 20TH S				3.3 STF	REET	ADDRESS				
CITY-ST-ZIP	NICEVILLE F	<u>L</u>			3.4. CI	_	17 - ZIP				
TITLE				DELETE	4.1 1119			•		L Change	☐ Addition
NAME					4. 2 NA						
STREET ADDRESS							ADDRESS				
CITY - ST - ZIP				DELETE	4.4 CIT 5.1 TITI		1 - Z(P			Change	Addition
NAME	ĺ			PECETE	5.2 NA					- Andrigo	المارانون نے
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP	1				5.4 CIT						
TITLE	· · · · · · · · · · · · · · · · · · ·		-	DELETE	6.1 TIT		11		,	☐ Change	☐ Addition
NAME					6.2 NA					·	
STREET ADDRESS					II.		ADDRESS				
ı	I						1				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 embowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12/0 Block 13 if changed, or on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14-9-91

**FILED** 

Apr 17 1997 8:00am

Secretary of State

Daytime Phone # 0074824