

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 # N30659 (9)

1. Corporation Name

FIRST BAPTIST CHURCH MULBERRY, INC.



Principal Place of Business

Mailing Address

300 N.E. 1ST AVENUE
C/O BYRON HENDRY
MULBERRY FL 33860

300 N.E. 1ST AVENUE
C/O BYRON HENDRY
MULBERRY FL 33860

3. Date Incorporated or Qualified
02/13/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 300 N.E. 1st Ave

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Mulberry, Florida

28

Zip

Country

Zip

Country

24 33860

25 Polk

29

30

4. FEI Number
59-0863246

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

CAUDILL, JOANN
323 FAYE CIR N
LAKELAND FL 33813

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	VD	<input type="checkbox"/> DELETE
NAME	CAUDILL, JOANN	
STREET ADDRESS	323 FAYE CIR N	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DAVIS, VIRGIL	
STREET ADDRESS	P.O. BOX 1105 N/A	
CITY-ST-ZIP	MULBERRY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PEEK, MACK	
STREET ADDRESS	802 NE 12T AVE	
CITY-ST-ZIP	MULBERRY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Everett Parrish	
13 STREET ADDRESS	3550 Bailey Rd	
14 CITY-ST-ZIP	Mulberry, Florida 33860	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Ron Borchers	
23 STREET ADDRESS	3645 Smith Dr	
24 CITY-ST-ZIP	Mulberry, Florida 33860	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	100001804181	
43 STREET ADDRESS	-05/02/96--01012--006	
44 CITY-ST-ZIP	***\$1.25	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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:

Everett Parrish

Date

Daytime Phone #

CR2E037 (12/95)