

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

FILED
Feb 20 1996 8:00 am
Secretary of State

DOCUMENT # **N36041** (4)

1. Corporation Name

SOPCHOPPY FIRST BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

CORNER OF ROSE STREET AND FIFTH AVE.
SOPCHOPPY FL

P O BOX 429
SOPCHOPPY FL 32358
US

3. Date Incorporated or Qualified
01/10/1990

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26 **P.O. Box 429**

4. FEI Number

59-2368564

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28 **Sopchoppy, Fl.**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29 **32358**

30

Wakulla

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

**KEMP, BERNIE
371 SEMINOLE LANE
SOPCHOPPY FL 32358**

81 Name

Robert Strickland

82

Street Address (P.O. Box Number is Not Acceptable)
390 Rose Street

83

84 City

Sopchoppy

FL

85 Zip Code

32358

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

Robert Strickland
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/14/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **KEMP, BERNIE**
STREET ADDRESS **371 SEMINOLE LANE**
CITY-ST-ZIP **SOPCHOPPY FL**

TITLE **D** ☐ DELETE

NAME **STRICKLAND, KENNETH**
STREET ADDRESS **28 FAITH AVE**
CITY-ST-ZIP **SOPCHOPPY FL**

TITLE **D** ☐ DELETE

NAME **LAWHON, WAYNE**
STREET ADDRESS **7990 SMITH CREEK RD**
CITY-ST-ZIP **SOPCHOPPY FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

D ☒ Change ☒ Addition

1.2 NAME

Robert Strickland

1.3 STREET ADDRESS

390 Rose Street

1.4 CITY-ST-ZIP

Sopchoppy, FL

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:

Robert Strickland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Strickland, Trustees' Chairman 488-1590

Date

Daytime Phone #

CR2E037 (12/95)