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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N38724** **(3)**

1. Corporation Name

BLAKE MEMORIAL BAPTIST CHURCH INC. OF LAKE HELEN , FLORIDA

Principal Place of Business	Mailing Address
134 N EUCLID AVE LAKE HELEN FL 32744	134 N EUCLID AVE LAKE HELEN FL 32744-2653

3. Date Incorporated or Qualified: **06/21/1990**
3a. Date of Last Report: **02/01/1996**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **59-2346319** ☐ 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

DAVIS, JAEMS TYLER
134 NORTH EUCLID AVENUE
LAKE HELEN FL 32744

10. Name and Address of New Registered Agent

81 Name: James Tyler Davis
82 Street Address (P.O. Box Number is Not Acceptable): Same
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] 4-23-97
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	PTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	THORN, WILLIAM E		1.2 NAME	
STREET ADDRESS	1395 DUROC		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE HELEN FL		1.4 CITY-ST-ZIP	
TITLE	VDT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SNOWDEN, R GRADY		2.2 NAME	
STREET ADDRESS	452 TANGERINE AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE HELEN FL		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ROBERGE, DONALD		3.2 NAME	
STREET ADDRESS	267 BAXTER ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE HELEN FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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 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: SIGNATURE REQUIRED Donald Roberge 4-24-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0013866