

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N38822** (5)
1. Corporation Name
FIRST BAPTIST CHURCH OF FROSTPROOF, INC.



Principal Place of Business: P.O. BOX 327, 96 WEST B STREET, FROSTPROFF FL 33843
Mailing Address: P.O. BOX 327, 96 WEST B STREET, FROSTPROFF FL 33843

3. Date Incorporated or Qualified: **06/27/1990**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1105012**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and Mailing Address (26-29) details including Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **FRANK H. MYER, 1833 N. LAKE REEDY BLVD, FROSTPROOF FL 33843**

10. Name and Address of New Registered Agent (81-84): **Mr. Herbert Lairsey, 4703 Willow Brook Ct., Winter Haven, FL 33881**

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: *Herbert Lairsey* **Herbert Lairsey, President** DATE: **3/25/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS OF CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: HOUCHINS, G.C. STREET ADDRESS: 331 WEST F. STREET CITY-ST-ZIP: FROSTPROOF FL	<input type="checkbox"/> DELETE	1. TITLE: Director 12. NAME: Houchins, G.C. 13. STREET ADDRESS: 331 West F Street 14. CITY-ST-ZIP: Frostproof, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: BEASLEY, CAROLE STREET ADDRESS: 234 EAST F STREET CITY-ST-ZIP: FROSTPROOF FL	<input type="checkbox"/> DELETE	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: PIERSTORFF, SHERRILL STREET ADDRESS: 325 W. 5TH STREET CITY-ST-ZIP: FROSTPROOF FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: Treasurer 3.2 NAME: Myer, Joyce 3.3 STREET ADDRESS: 1833 N. Lake Reedy Blvd. 3.4 CITY-ST-ZIP: Frostproof, FL 33843	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: WILLARD HARMON STREET ADDRESS: 8 HEIGHTS AVENUE CITY-ST-ZIP: FROSTPROOF FL	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BUTTS, RALPH STREET ADDRESS: 481 PALMETTO AVE CITY-ST-ZIP: FROSTPROOF FL	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: President/Director 6.2 NAME: Lairsey, Herbert 6.3 STREET ADDRESS: 4703 Willow Brook Ct. 6.4 CITY-ST-ZIP: Winter Haven, FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Carole Beasley* **Carole Beasley, Secretary** DAYTIME PHONE # **941-635-3603**

CR2E037 (12/95)