

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR -3 PM 6:02**

**DOCUMENT # N40533 (4)**

1. Corporation Name

**FIRST BAPTIST CHURCH OF SEVEN SPRINGS, INC.**

Principal Place of Business

Mailing Address

3611 LITTLE ROAD  
NEW PORT RICHEY FL 34655

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NEW PORT RICHEY FL 34655

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/24/1990</b>	3a. Date of Last Report <b>04/22/1994</b>
4. FEI Number <b>65-0903188</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

**PACE, JR. WILLIAM H.**  
**3611 LITTLE ROAD**  
**NEW PORT RICHEY FL 34655**

**10. Name and Address of New Registered Agent**

81. Name

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

83.

84. City

85. Zip Code

**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: William H. Pace (NOTE: Registered Agent signature required when reappointing) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	TD	1.1 TITLE	TD
NAME	<b>BELCHER, RAYMOND</b>	1.2 NAME	<b>MITCHELL, ERIC J</b>
STREET ADDRESS	<b>9620 GLEN MOOR LANE</b>	1.3 STREET ADDRESS	<b>8041 BLUE FINCH WAY</b>
CITY-ST-ZIP	<b>PORT RICHEY FL</b>	1.4 CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34653</b>
TITLE	TD	2.1 TITLE	TD
NAME	<b>BRAY JR., W. LOWELL</b>	2.2 NAME	<b>WETZEL, ROBERT F</b>
STREET ADDRESS	<b>6981 MANOR BEACH ROAD</b>	2.3 STREET ADDRESS	<b>4555 Tiburon Drive</b>
CITY-ST-ZIP	<b>NEW PT RICHEY FL</b>	2.4 CITY-ST-ZIP	<b>New Port Richey, FL 34655</b>
TITLE	TD	3.1 TITLE	TD
NAME	<b>HELM, TOM</b>	3.2 NAME	
STREET ADDRESS	<b>3601 SPRINGFIELD DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	<b>Wetzel, Robert</b>	4.2 NAME	
STREET ADDRESS	<b>4555 Tiburon Dr</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>New Port Richey, FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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<input type="checkbox"/> Change	<input 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 110.07(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE: W. Lowell Bray, Jr. DATE: 2/7/95

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

**W. Lowell Bray, Jr.**