

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -9 AM 9:07

DOCUMENT # N41758 (6)
1. Corporation Name
THE FIRST BAPTIST CHURCH OF DOWLING PARK, INC.

| | | | |
|---|---------|---|---------|
| Principal Place of Business | | Mailing Address | |
| MAX R. HERCHMAN, JR. ROUTE 9, BOX 866 LIVE OAK FL 32060 | | MAX R. HERCHMAN, JR. ROUTE 9, BOX 866 LIVE OAK FL 32060 | |
| 21 | 22 | 26 | 27 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| 23 | 24 | 28 | 29 |
| Zip | Country | Zip | Country |
| 25 | 30 | 29 | 30 |

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 01/23/1991 | 3a. Date of Last Report 02/10/1994 |
| 4. FEI Number 59-3036393 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|--|--|----|----------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| HERCHMAN, MAX R., JR. ROUTE 9, BOX 866 LIVE OAK FL 32060 | | | | 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | |
|----------------------------|---------------------------|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D | 1.1 TITLE | <i>Change</i> <input checked="" type="checkbox"/> Addition |
| NAME | LSK, 111 ALFRED | 1.2 NAME | JOHNSON, RUGEN H. |
| STREET ADDRESS | ROUTE 5 BOX 110X | 1.3 STREET ADDRESS | RR 9, Box 630 |
| CITY-ST-ZIP | LIVE OAK FL | 1.4 CITY-ST-ZIP | LIVE OAK, FL 32060 |
| TITLE | DSMC | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HERCHMAN, MAX ROBERT, JR. | 2.2 NAME | DSMC |
| STREET ADDRESS | RT 6 BOX 109-04 NA | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LIVE OAK FL | 2.4 CITY-ST-ZIP | |
| TITLE | DT | 3.1 TITLE | <i>Change</i> <input checked="" type="checkbox"/> Addition |
| NAME | SIMS, ELIZABETH ANNE | 3.2 NAME | Downing, Ivey |
| STREET ADDRESS | ROUTE 5 BOX 110X | 3.3 STREET ADDRESS | RR 5, Box 137 |
| CITY-ST-ZIP | LIVE OAK FL | 3.4 CITY-ST-ZIP | LIVE OAK, FL 32060 |
| TITLE | DP | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CROSS, JACK M SP | 4.2 NAME | |
| STREET ADDRESS | RT 10 BOX 325 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LIVE OAK FL | 4.4 CITY-ST-ZIP | |
| TITLE | DV | 5.1 TITLE | <i>Change</i> <input checked="" type="checkbox"/> Addition |
| NAME | BOZEMAN, DOILES H. | 5.2 NAME | Delete |
| STREET ADDRESS | RT 6 BOX 123 NA | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LIVE OAK FL | 5.4 CITY-ST-ZIP | |
| TITLE | DS | 6.1 TITLE | <i>Change</i> <input type="checkbox"/> Addition |
| NAME | JOHNSON, LOUISE M. | 6.2 NAME | D.S. JR |
| STREET ADDRESS | RT 9 NA | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | LIVE OAK FL | 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: *Max R. Herchman, Jr.* *Max R. Herchman Jr.* 03/02/95 658-3458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR (Date) (Signature Number)