

# 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

**DOCUMENT # N41845 (1)**  
1. Corporation Name  
**THE FIRST BAPTIST CHURCH OF BARTOW, FLORIDA, INC**



Principal Place of Business  
**410 E. CHURCH ST  
BARTOW FL 33830**

Mailing Address  
**410 E. CHURCH ST  
BARTOW FL 33830**

3. Date Incorporated or Qualified  
**01/29/1991**

3a. Date of Last Report  
**04/26/1995**

4. FEI Number  
**05-0013304**

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

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country

## 9. Name and Address of Current Registered Agent

**SLOAN, LINTON J  
410 E CHURCH ST  
BARTOW FL 33830**

## 10. Name and Address of New Registered Agent

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BARBER, KENNETH D.	
STREET ADDRESS	1055 BEAR CREEK DR.	
CITY - ST - ZIP	BARTOW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHILES, AL, JR.	
STREET ADDRESS	740 MANOR DR.	
CITY - ST - ZIP	BARTOW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLLAND, BEN	
STREET ADDRESS	1165 N. MILL AVE.	
CITY - ST - ZIP	BARTOW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOTT, FRANK M.	
STREET ADDRESS	1520 SAILPOINT DR.	
CITY - ST - ZIP	BARTOW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VILLANUEVA, LUIS	
STREET ADDRESS	2160 EL PASO TRAIL	
CITY - ST - ZIP	BARTOW FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, BILLY B., SR.	
STREET ADDRESS	1625 DAVIS AVE.	
CITY - ST - ZIP	BARTOW FL	

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

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D
1.3 STREET ADDRESS	YORK, W. RALPH
1.4 CITY - ST - ZIP	915 SHADY LANE BARTOW, FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	SCOTT, FRANK M.
4.4 CITY - ST - ZIP	spelling correction
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)