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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

Suite, Apt. 4, etc. Stoke, Apt. 4, etc. Stoke	1. Corporation	MENT # N4191 NONT FIRST BAPTIST WEE	(~)				# 1800/HAY 201 A1000 INGGO I	618. (ABI) 613	<u>† </u>	
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2. Principal Place of Business 2a. Mailing Address 2b. 2b. 01/22/1993 04/14/1985 04/14/1985 04/14/1985 04/14/1985 05/14/1985 0	498 MONTROSE ST. P O BOX 121151 CLERMONT FL 34711 CLERMONT FL 34711									
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Suite Apt. 4, etc. Suite Apt. 5, etc. Suite Apt. 6, etc. Suite A	2. Principal Pl	ace of Business	2a. Mailing Address						04/14/	
Subject Apt. 4, etc. State State							F0-2040192			Not Applicable
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20	23		├ ─ '			"		cing [
9. Name and Address of Current Registered Apart LANGLEY, RICHARD H. 700 ALMOND ST CLERMONT FL 34711 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 drawinging its 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, and accept the obligations of, Sociolin 617,050,70 and 617,1508. Florida Statutes. The above named corporation submits this statement for the purpose of drawinging its registered or pregistered agent, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Sociolin 617,050,70 and accept the obligations of obligat	-				ntry B. This corporation has liability for intangible tax under s. 1					
LANGLEY, RICHARD H. 700 ALMOND ST CLERMONT FL 34711 83 84			t Registered Agent	130		·				
TOO ALMOND ST CLERMONT FL 34711 11. Pursuant to the previsions of Sections 617 0502 and 617 1509. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered rearried routine, and accept the obligations of, Section 617 0503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered rearried routine, and accept the obligations of, Section 617 0503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered rearried rearried routine rearried supposed of changing its registered agent. I am a statement of right purpose of changing its registered register. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its registered agent. I am a statement for the purpose of changing its regist				8	Name				atorsa rigorit	
CLERMONT FL 34711 B3 B4 City FL B5 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered agent, or both, in the State of Florids, Suchr change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617,0503, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered agent. Learn for the purpose of changing i					2 Stree	et Address (f	Idress (P.O. Box Number is Not Acceptable)			
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 or 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 are familiar with, and accept the obligations of, Section 617.0502, Florida Statutes. SIGNATURE SUBMITE, DIRECTORS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. ITILE PD OFFICERS AND DIRECTORS IN 12. 15. TILLE PD OFFICERS AND DIRECTORS IN 12. 16. TILLE PD OFFICERS AND DIRECTORS IN 12. 17. ITILE PD OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. TILLE PD OFFICERS AND DIRECTORS IN 12. 10. TILLE PD OFFICE								-		
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SIGNATURE PD	or register familiar wit	ed agent, or both, in the State of Florid h, and accept the obligations of Section	 Such change was authorized 617,0503, Florida Statutes 	d by the cor	poration	's board of	directors. I hereby accept th	e appoint	e of changing its nent as registered	registereo onice d'agent. I am
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CITY-SI-ZIP CAPET TO CAPETAGE G. 34711	STREET ADDRESS				ADDRESS	11944	Burton St.			
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 applied report of supplied report in the additional state of the exemption stated in Section 119.07(3)(k), Florida Statutes. I further				6.4 CłTY -	ST-ZIP	Clern	nont, FL 347	11		

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

**SIGNATURE*