

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR -7 PM 1:51

DOCUMENT # **N41927 (7)**

1. Corporation Name

**FIRST BAPTIST CHURCH OF GROVELAND, INC.**

Principal Place of Business

Mailing Address

137 E. CHERRY ST.  
GROVELAND FL 34736

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GROVELAND FL 34736

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/01/1991** 3a. Date of Last Report **01/25/1994**

4. FEI Number **59-1749023** Applied For  Not Applicable

5. Certificate of Status Desired  **\$9.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suits, Apt. #, etc.

26 Suits, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country 25

29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS, SANDRA  
5520 MARY'S VILLA ROAD  
GROVELAND FL 34736

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 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 Sandra B. Thomas SANDRA THOMAS 2/20/95  
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV  
NAME OLSON, C. HOWARD  
STREET ADDRESS 7305 REDWING RD.  
CITY - ST - ZIP GROVELAND FL

1.1 TITLE DV  Change  Addition  
1.2 NAME Ozell Hardy  
1.3 STREET ADDRESS 1050 S MICHIGAN ST  
1.4 CITY - ST - ZIP GROVELAND FL 34736

TITLE D  
NAME KELLEY, CHARLES  
STREET ADDRESS 1042 E. MEYERS BLVD.  
CITY - ST - ZIP MASCOTTE FL

2.1 TITLE D  Change  Addition  
2.2 NAME JAMES F. MOULTON  
2.3 STREET ADDRESS 267 E SUNSET ST  
2.4 CITY - ST - ZIP GROVELAND FL 34736

TITLE D  
NAME MORGAN, WILLIAM M JR  
STREET ADDRESS 558 E WALDO ST  
CITY - ST - ZIP GROVELAND FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE D  
NAME STANFIELD, WALTER  
STREET ADDRESS 611 S. MAIN ST.  
CITY - ST - ZIP GROVELAND FL

4.1 TITLE D  Change  Addition  
4.2 NAME AUBY RAY SEWELL JR  
4.3 STREET ADDRESS 955 S KANSAS ST  
4.4 CITY - ST - ZIP GROVELAND FL 34736

TITLE T  
NAME JEANETTE B EDMUNDSON  
STREET ADDRESS 315 SLOAN'S RIDGE ROAD  
CITY - ST - ZIP GROVELAND FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE P  
NAME DICK, CHARLES W  
STREET ADDRESS 250 DOUGLAS DR  
CITY - ST - ZIP EUSTIS FL

6.1 TITLE  Change  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 118.07(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: Charles W. Dick Pastor/President 2/20/95 904/429-2651  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #