

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
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DOCUMENT #	N42831	(0)
1. Corporation Name		
FLORIDA BAPTIST INVESTMENT SERVICES, INC.		

Principal Place of Business	Mailing Address
1320 HENDRICKS AVE JACKSONVILLE FL 32207	1320 HENDRICKS AVE JACKSONVILLE FL 32207

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 Country
24	29
25	30

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 04/04/1991	3a. Date of Last Report 05/12/1994
4. FEI Number 59-0696288	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 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	

9. Name and Address of Current Registered Agent	
BORDERS, GEORGE R. 1320 HENDRICKS AVE JACKSONVILLE FL 32207	

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

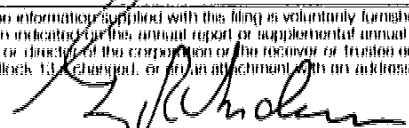
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	EDT
NAME	BORDERS, GEORGE R.
STREET ADDRESS	3162 OLD PT CIR E
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	D
NAME	VERLANDER, CHRISTOPHER A
STREET ADDRESS	76 S. LAURA ST.
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	D
NAME	CROSS, KENNETH C., JR.
STREET ADDRESS	P.O. BOX 1443 N/A
CITY, ST, ZIP	CHIEFLND FL
TITLE	D
NAME	KRAUSE, RICHARD A.
STREET ADDRESS	ONE HARVARD CIR
CITY, ST, ZIP	W. PALM BEACH FL
TITLE	D
NAME	WEEKS, SAM H.
STREET ADDRESS	P.O. BOX 610 N/A
CITY, ST, ZIP	ORLANDO FL 32060
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), Florida Statutes. I further certify that the information submitted 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 recorder 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, as required, or in an attachment with an address.

SIGNATURE:  4/27/95 (904) 346-0325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR