FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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	10. Name and Address of New Registered Agent
BORDERS, GEORGE R. 1320 HENDRICKS AVE JACKSONVILLE FL 32207	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	EDT	1 1 TITLE ☐ Change ☐ Addition
NAME	BORDERS, GEORGE R	1 2 NAME
STREET ADDRESS	3162 OLD PT CIR E	1 3 STREET ADDRESS
CITY ST ZIP	JACKSONVILLE FL	1 4 CITY ST ZIP
TITLE	D	2 1 TITLE ☐ Change ☐ Addition
NAME	VERLANDER, CHRISTOPHER A	2 2 NAME
STREET ADDRESS	76 S. LAURA ST.	2 3 STREET ADDRESS
CITY ST ZIP	JACKSONVILLE FL	2 4 CITY ST ZIP
TITLE	D	3 1 TITLE ☐ Change ☐ Addition
NAME	CROSS, KENNETH C.,JR.	3 2 NAME
STREET ADDRESS	P.O. BOX 1443 N/A	3 3 STREET ADDRESS
CITY ST ZIP	CHIEFLND FL	3 4 CITY ST ZIP
TITLE	D	4 1 TITLE ☐ Change ☐ Addition
NAME	KRAUSE, RICHARD A.	4 2 NAME
STREET ADDRESS	ONE HARVARD CIR	4 3 STREET ADDRESS
CITY ST ZIP	W. PALM BEACH FL	4 4 CITY ST ZIP
TITLE	D	5 1 TITLE ☐ Change ☐ Addition
NAME	WEEKS, SAM H.	5 2 NAME
STREET ADDRESS	P.O. BOX 610 N/A	5 3 STREET ADDRESS
CITY ST ZIP	ORLANDO FL 32060	5 4 CITY ST ZIP
TITLE		6 1 TITLE ☐ Change ☐ Addition
NAME		6 2 NAME
STREET ADDRESS		6 3 STREET ADDRESS
CITY ST ZIP		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] 4/27/95 (904) 346-6325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001412