

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 # N43613 (1)

1. Corporation Name

DISCIPLESHIP BAPTIST CHURCH OF DAVENPORT, FLORIDA, INC.



Principal Place of Business

P.O. BOX 876
DAVENPORT FL 33837

Mailing Address

P.O. BOX 876
DAVENPORT FL 33837

3. Date Incorporated or Qualified
05/24/1991

3a. Date of Last Report
01/24/1995

2. Principal Place of Business

2a. Mailing Address

21 **125 Cottonwood Dr.**

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

DAVENPORT FL

24 Zip

25 Country

29 Zip

30 Country

33837

PO11K

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOUERY, NATHAN JOHN
125 COTTONWOOD DR
DAVENPORT FL 33837**

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 filer if applicable

(NOTE: Registered Agent signature required when resigning)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **MOUERY, NATHAN JOHN**
STREET ADDRESS **409 N BLVD W**
CITY-STATE-ZIP **DAVENPORT FL**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

TITLE **TD** ☐ DELETE
NAME **ARRANT, BARBARA**
STREET ADDRESS **4479 OLD TAMPA HWY**
CITY-STATE-ZIP **KISSIMMEE FL**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

TITLE **PD** ☐ DELETE
NAME **WALKER, ROBERT**
STREET ADDRESS **415 N 22ND ST**
CITY-STATE-ZIP **LAKELAND FL**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE **VD** ☐ DELETE
NAME **ARRANT, MIKE**
STREET ADDRESS **4479 OLD TAMPA HWY**
CITY-STATE-ZIP **KISSIMMEE FL**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE **SD** ☐ DELETE
NAME **WILTON, BILL**
STREET ADDRESS **FLA CAMP INN, 9725 US 27 N LOT 232**
CITY-STATE-ZIP **DAVENPORT FL**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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)