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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43613** (1)

1. Corporation Name

**DISCIPLESHIP BAPTIST CHURCH OF DAVENPORT, FLORID
A, INC.**

Principal Place of Business

Mailing Address

**125 COTTON WOOD DR
DAVENPORT FL 33837
US**

**P.O. BOX 876
DAVENPORT FL 33836-0876**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/24/1991		3a. Date of Last Report 02/05/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3112728		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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 **Gregory Allen Varndell**
82 Street Address (P.O. Box Number is Not Acceptable)
125 Cottonwood Dr.
83
84 City **Davenport** FL 85 Zip Code **33837**

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 **Gregory Allen Varndell** **GREGORY ALLEN VARNDELL** **4/22/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOUERY, NATHAN JOHN	1.2 NAME	Varndell, Gregory Allen
STREET ADDRESS	409 N BLVD W	1.3 STREET ADDRESS	312 Bay St.
CITY - ST - ZIP	DAVENPORT FL	1.4 CITY - ST - ZIP	Davenport, FL. 33837
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRANT, BARBARA	2.2 NAME	Garrison, Janet
STREET ADDRESS	4479 OLD TAMPA HWY	2.3 STREET ADDRESS	626 Duncan Circle
CITY - ST - ZIP	KISSIMMEE FL	2.4 CITY - ST - ZIP	Auburndale, FL. 33823
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	P, Tr, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, ROBERT	3.2 NAME	Walker, Robert
STREET ADDRESS	415 N 22ND ST	3.3 STREET ADDRESS	415 N. 22nd St
CITY - ST - ZIP	LAKELAND FL	3.4 CITY - ST - ZIP	Haines City, FL 33844
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	V, Tr, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRANT, MIKE	4.2 NAME	Anderson, William
STREET ADDRESS	4479 OLD TAMPA HWY	4.3 STREET ADDRESS	112 Grove Park Drive
CITY - ST - ZIP	KISSIMMEE FL	4.4 CITY - ST - ZIP	Davenport, FL. 33837
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	C, Tr, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILTON, BILL	5.2 NAME	Arrant, Mike
STREET ADDRESS	FLA CAMP INN, 9725 US 27 N LOT 232	5.3 STREET ADDRESS	4479 Old Tampa Hwy
CITY - ST - ZIP	DAVENPORT FL	5.4 CITY - ST - ZIP	Kissimmee, FL 34746
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	S, Tr, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Rogers, Mike
STREET ADDRESS		6.3 STREET ADDRESS	2065 Evans Rd.
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Polk City, FL. 33868

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Gregory Allen Varndell** **GREGORY ALLEN VARNDELL** **4/22/97** **941-424-3674**
Signature, typed or printed name of signing officer or director Date Daytime Phone # 0064948

CR2E037 (9/96)