

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # N44712 (0)

1. Corporation Name

BAILEY ROAD BAPTIST CHURCH, INC.

95 MAY -1 PM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5140 BAILEY ROAD
MULBERRY FL 33660

5140 BAILEY ROAD
MULBERRY FL 33660

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/14/1991** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3060731** 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. 189.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARTON, JAMES W
3815 LEVINS ROAD
MULBERRY FL 33860**

81 Name **FREDA CHESHIRE**

82 Street Address (P.O. Box Number is Not Acceptable)
5320 BAILEY ROAD

83

84 City **MULBERRY**

FL

85 Zip Code
33860

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

Freda Cheshire
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

T
NAME **BARTON, JAMES W**
STREET ADDRESS **3815 LEVINS ROAD**
CITY - ST - ZIP **MULBERRY FL**

1.1 TITLE **T**
1.2 NAME **CHESHIRE, FREDA**
1.3 STREET ADDRESS **5320 BAILEY ROAD**
1.4 CITY - ST - ZIP **MULBERRY FL**

Change ☐ Addition ☒

DT
NAME **CHESHIRE, BILLY R.**
STREET ADDRESS **5320 BAILEY ROAD**
CITY - ST - ZIP **MULBERRY FL 33860**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

Change ☐ Addition ☐

DS
NAME **LEE, RONALD S.**
STREET ADDRESS **3485 WILLIS ROAD**
CITY - ST - ZIP **MULBERRY FL**

3.1 TITLE **D**
3.2 NAME **COX, JOHN**
3.3 STREET ADDRESS **3881 LAUREL CREST DRIVE**
3.4 CITY - ST - ZIP **MULBERRY FL**

Change ☐ Addition ☒

P
NAME **SIMMONS, S.E.**
STREET ADDRESS **2805 SMITHTOWN DR.**
CITY - ST - ZIP **LAKELAND FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

Change ☐ Addition ☐

D
NAME **DOW, RUSSELL**
STREET ADDRESS **3310 FLAMINGO LANE**
CITY - ST - ZIP **MULBERRY FL**

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

Change ☒ Addition ☐

V
NAME **WATKINS, NATHAN E.**
STREET ADDRESS **5140 BAILEY ROAD**
CITY - ST - ZIP **MULBERRY FL**

6.1 TITLE **VS**
6.2 NAME **WATKINS, NATHAN E.**
6.3 STREET ADDRESS **5140 BAILEY ROAD**
6.4 CITY - ST - ZIP **MULBERRY FL**

Change ☒ Addition ☐

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 the 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:

Freda Cheshire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FREDA CHESHIRE

2-14-95
Date

813-644-8590
Daytime Telephone