

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT



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

DOCUMENT # **N44712** (0)

1. Corporation Name

**BAILEY ROAD BAPTIST CHURCH, INC.**

Principal Place of Business

**5140 BAILEY ROAD  
MULBERRY FL 33860**

Mailing Address

**5140 BAILEY ROAD  
MULBERRY FL 33860**

**REINSTATEMENT** 96-97

3. Date Incorporated or Qualified  
**08/14/1991**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

Country

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**

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

81 Name

**Shelton C. Powell**

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

**3255 Royal Oak Dr. S.**

83

**Mulberry, FL 33860**

84 City

**Mulberry**

**FL**

85 Zip Code

**33860**

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

*Shelton C. Powell*

**Shelton C. Powell**

**8-26-96**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **CHESHIRE, FRED A**  
STREET ADDRESS **5320 BAILEY ROAD**  
CITY-ST-ZIP **MULBERRY FL**

TITLE ☒ DELETE

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

TITLE ☒ DELETE

NAME **COX, JOHN**  
STREET ADDRESS **3881 LAUREL CREST DRIVE**  
CITY-ST-ZIP **MULBERRY FL**

TITLE ☐ DELETE

NAME **SIMMONS, S.E.**  
STREET ADDRESS **2605 SMITHTOWN DR.**  
CITY-ST-ZIP **LAKELAND FL**

TITLE ☒ DELETE

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

TITLE ☒ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.2 NAME ☒ Change ☐ Addition

Director **(b)**  
Shelton C. Powell  
3255 Royal Oak Drive S.  
Mulberry, FL 33860

2.1 TITLE ☒ Change ☐ Addition

Director  
Eddie Smatt  
315 Coronado Court  
Lakeland, FL 33809

3.1 TITLE ☐ Change ☐ Addition

Pastor  
S.E. Simmons  
2605 Smithtown Dr.  
Lakeland, FL 33801

4.1 TITLE ☐ Change ☐ Addition

Director  
David Freeman  
2720 Gordon Street  
Mulberry, FL 33860

5.1 TITLE ☐ Change ☐ Addition

Director  
David Basher  
1019 Josephine Street  
Lakeland, FL 33818

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**700002152057--5**

**-04/23/97--01077--008**

**\*\*\*\*297.50 \*\*\*\*297.50**

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:

*Shelton C. Powell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-5-96**

**(941) 425-4149**

Date

Daytime Phone #

CR2E037 (3/96)