

**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

**DOCUMENT # N45604 (8)**

1. Corporation Name  
**FIRST BAPTIST CHURCH OF WEST SCENIC PARK, INC.**

**FILED**  
95 JAN 25 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
P.O. BOX 782 LAKE WALES FL 33859 P.O. BOX 782 LAKE WALES FL 33859

3. Date Incorporated or Qualified **10/14/1991** 3a. Date of Last Report **02/03/1994**  
4. FEI Number **NOT APPLICABLE** 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  **\$6.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **2000 Mt Lakewood Rd** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **P.O. Box 782**  
City & State City & State  
23 **Lake Wales, Fla** 28 **Lake Wales, Fla**  
Zip Country Zip Country  
24 **33853** 25 **FL** 29 **33853** 30 **FL**

9. Name and Address of Current Registered Agent  
**KING, BUCK H.  
3226 WALK IN WATER ROAD  
LAKE WALES FL 33853**

10. Name and Address of New Registered Agent  
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 King Buck H DATE 1/15/95  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	NAME <b>FULMER, DIXIE MAE</b> STREET ADDRESS <b>3012 ROLLING HILLS CT.E.</b> CITY-ST-ZIP <b>LAKE WALES FL</b>
TITLE <b>VD</b>	NAME <b>KING, BUCK H.</b> STREET ADDRESS <b>3226 WALK IN WATER RD.</b> CITY-ST-ZIP <b>LAKE WALES FL</b>
TITLE <b>STD</b>	NAME <b>WEEKS, LUCILLE</b> STREET ADDRESS <b>4225 OLD BARTOW RD.</b> CITY-ST-ZIP <b>LAKE WALES FL</b>
TITLE	NAME
TITLE	NAME
TITLE	NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>Clerk, Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Patricia Ann Blair</b>
1.3 STREET ADDRESS	<b>3154 Mt Lakewood Rd</b>
1.4 CITY-ST-ZIP	<b>Lake Wales, Fla 33853</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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: King Buck H DATE 1/15/95 (813) 699-4513  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR