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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 AM 11:34

DOCUMENT # **N45978** **(6)**

1. Corporation Name
COOPERATIVE BAPTIST FELLOWSHIP OF FLORIDA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2556 LAKELAND FL 33806	P.O. BOX 2556 LAKELAND FL 33806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/12/1991
3a. Date of Last Report: 02/18/1994
4. FEI Number: 59-3104330 ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 820 McDonald St Suite, Apt. #, etc. 22 City & State 23 Lakeland FL Zip 24 33801 Country 25	26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Carolyn C. Anderson
82 Street Address (P.O. Box Number is Not Acceptable): 820 McDonald Street
83
84 City: Lakeland **FL** 85 Zip Code: 33801

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: Carolyn C. Anderson Carolyn C Anderson 2-21-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE		☐ Change ☐ Addition
NAME	SAINT-GAUDENS, ISABEL D	1.2 NAME		
STREET ADDRESS	5945 SW 85 AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	VANHOOSE, JAMES	2.2 NAME	Sherouse, Marsha	
STREET ADDRESS	121 CHRISTIE AVE.	2.3 STREET ADDRESS	4744 NW 35th St.	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Gainesville FL	
TITLE	VD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	SHEROUSE, MARSHA	3.2 NAME	Turner, Len	
STREET ADDRESS	4744 N.W. 35TH ST.	3.3 STREET ADDRESS	912 Miccosukee Rd	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	Tallahassee FL	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	AVERETT, IDA	4.2 NAME		
STREET ADDRESS	1758 CLARENDON AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP		
TITLE	SD	5.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, CAROLYN	5.2 NAME		
STREET ADDRESS	817 LEXINGTON ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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: Carolyn Anderson Carolyn Anderson 2/21/95 813-682-6802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0087088