

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N45978 (6)

1. Corporation Name

COOPERATIVE BAPTIST FELLOWSHIP OF FLORIDA, INC.



Principal Place of Business

820 McDONALD ST
LAKELAND FL 33801
US

Mailing Address

P.O. BOX 2556
LAKELAND FL 33806

3. Date Incorporated or Qualified
11/12/1991

3a. Date of Last Report
02/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

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

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

ANDERSON, CAROLYN C
820 McDONALD STREET
LAKELAND FL 33801

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 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

Carolyn C Anderson

CAROLYN C. ANDERSON

3-12-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE
NAME SAINT-GAUDENS, ISABEL D
STREET ADDRESS 5945 SW 85 AVE
CITY-ST-ZIP MIAMI FL

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD ☒ DELETE
NAME SHEROUSE, MARSHA
STREET ADDRESS 4744 NW 35TH ST
CITY-ST-ZIP GAINESVILLE FL

2.1 TITLE VD ☒ Change ☒ Addition
2.2 NAME MULKEY, BOB
2.3 STREET ADDRESS 725 N. WOODLAND BLVD.
2.4 CITY-ST-ZIP DELAND FL 32720

TITLE VD ☒ DELETE
NAME TURNER, LEN
STREET ADDRESS 912 MICCOSUKEE RD
CITY-ST-ZIP TALLAHASSEE FL

3.1 TITLE VD ☒ Change ☐ Addition
3.2 NAME WHITE, CLEMENT
3.3 STREET ADDRESS 6261 3RD AVE N.
3.4 CITY-ST-ZIP ST. PETERS BURG FL 33710

TITLE TD ☐ DELETE
NAME AVERETT, IDA
STREET ADDRESS 1758 CLARENDON AVE
CITY-ST-ZIP LAKELAND FL

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

TITLE SD ☐ DELETE
NAME ANDERSON, CAROLYN
STREET ADDRESS 817 LEXINGTON ST
CITY-ST-ZIP LAKELAND FL

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 C Anderson

CAROLYN C. ANDERSON

3-12-96

DATE

TELEPHONE NO.

941-682-6802

CR2E037 (12/95)