

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 # **N46093** (3)

1. Corporation Name
BAPTIST BUILDERS, INC.



Principal Place of Business: **721 RIDGEWOOD AVENUE HOLLY HILL FL 32117 US**
Mailing Address: **721 RIDGEWOOD AVENUE HOLLY HILL FL 32117 US**

3. Date Incorporated or Qualified: **11/19/1991**
3a. Date of Last Report: **07/13/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		59-3095259	Not Applicable
22	23	27	28	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State			
24	25	29	30	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip		Zip			
	Country		Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TOWNER, WILLIAM 721 RIDGEWOOD AVENUE HOLLY HILL FL 32117				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPV	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	TOWNER, C.W.		1.2 NAME				
STREET ADDRESS	2024 COOPER DRIVE		1.3 STREET ADDRESS	721 RIDGEWOOD AVE.			
CITY - ST - ZIP	COCOA FL		1.4 CITY - ST - ZIP	HOLLY HILL, FL. 32117			
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	TOWNER, E.J.		2.2 NAME				
STREET ADDRESS	2024 COOPER DRIVE		2.3 STREET ADDRESS	721 RIDGEWOOD AVE.			
CITY - ST - ZIP	COCOA FL		2.4 CITY - ST - ZIP	HOLLY HILL, FL. 32117			
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	TOWNER, C.W.		3.2 NAME				
STREET ADDRESS	2024 COOPER DRIVE		3.3 STREET ADDRESS	721 RIDGEWOOD AVE.			
CITY - ST - ZIP	COCOA FL		3.4 CITY - ST - ZIP	HOLLY HILL, FL. 32117			
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	TOWNER, C.W. SR.		4.2 NAME				
STREET ADDRESS	4526 SW 47TH WAY		4.3 STREET ADDRESS				
CITY - ST - ZIP	GAINESVILLE FL		4.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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: Eleanor J. Towner Jan. 22, 1996 904-248-3163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)