

**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 # **N49735 (6)**  
1. Corporation Name  
**FIRST BAPTIST CHURCH OF CHULUOTA, FLORIDA, INC.**



Principal Place of Business: **200 LAKE MILLS RD CHULUOTA FL 32766 US**  
Mailing Address: **POST OFFICE BOX 187 CHULUOTA FL 32766**

3. Date Incorporated or Qualified: **07/01/1992**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2324138**  
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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent  
**MCCULLOUGH, JOSEPH P.  
200 LAKE MILLS ROAD  
CHULUOTA FL 32766**

10. Name and Address of New Registered Agent  
81 Name: **M<sup>c</sup>Eachern, Leigh**  
82 Street Address (P.O. Box Number is Not Acceptable): **2205 Snow Hill Road**  
83  
84 City: **Chuluota, FL** 85 Zip Code: **32766**

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: **Leigh M<sup>c</sup>Eachern** (Signature, typed or printed name of registered agent and title if applicable)  
**Leigh M<sup>c</sup>Eachern, Trustee** (Typed Registered Agent signature required when reinstating)  
DATE: **4-29-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TR MCEACHERN, LEIGH <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2205 SOUTHERN CROSS RANCH SNOW HILL RD	1.2 NAME	
STREET ADDRESS	CHULUOTA FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TR MEADOWS, CHRISTOPHER D. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2205 SNOW HILL RD	2.2 NAME	
STREET ADDRESS	CHULUOTA FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TR SLATER, VERLIE <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	244 TROPICAL AVE	3.2 NAME	
STREET ADDRESS	CHULUOTA FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Leigh M<sup>c</sup>Eachern** (Signature and typed or printed name of signing officer or director)  
DATE: **4/29/96** (407) 765-5380 (Daytime Phone #)

CR2E037 (12/95)