

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 # N49906

(3)

1. Corporation Name

RUSSELL BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

2299 SANDRIDGE ROAD
GREEN COVE SPRINGS FL 32043

2299 SANDRIDGE ROAD
GREEN COVE SPRINGS FL 32043

3. Date Incorporated or Qualified
07/15/1992

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-1592810

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

BAKER, RONALD L.
2299 SANDRIDGE ROAD
GREEN COVE SPRINGS FL 32043

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD Trustee
NAME GRIFFIN, CHARLES
STREET ADDRESS 2723 POINSETTA
CITY-ST-ZIP MIDDLEBURG FL

DELETE

TITLE D Trustee
NAME HALEY, JOE
STREET ADDRESS 514 HIGHLAND AVE.
CITY-ST-ZIP GREEN COVE SPGS. FL

DELETE

TITLE D Trustee
NAME STEWART, JOHN
STREET ADDRESS 4174 EVERETT AVE
CITY-ST-ZIP GREEN COVE SPRIGS FL

DELETE

TITLE D Trustee
NAME MEEKS, WALTER D.
STREET ADDRESS 2686 HENLEY ROAD
CITY-ST-ZIP GREEN COVE SPGS. FL

DELETE

TITLE D Trustee
NAME MORRIS, WAYNE
STREET ADDRESS 3594 ED'S COURT
CITY-ST-ZIP GREEN COVE SPGS. FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Trustee
1.2 NAME Randy Englund
1.3 STREET ADDRESS 4604 Gopher Street
1.4 CITY-ST-ZIP Middleburg, FL

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

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

Change Addition

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

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 (904) 284-3951

Date

Daytime Phone #

CR2E037 (12/95)

3-18-1996