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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **N93000000264 (2)**

1. Corporation Name

MISSION BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
P.O. BOX 603 MIMS FL 32754	P.O. BOX 603 MIMS FL 32754

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/15/1993
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-3165511 ☐ 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 (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

LAMB, ALBERT G
2455 JAY JAY ROAD
TITUSVILLE FL 32796

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	LAMB, ALBERT G	12 NAME	800001486608
STREET ADDRESS	2240 HOLDER RD	13 STREET ADDRESS	-05/12/95--01124--016
CITY-ST-ZIP	MIMS FL 32754	14 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	LAMB, SANDY G	22 NAME	
STREET ADDRESS	2240 HOLDER RD	23 STREET ADDRESS	
CITY-ST-ZIP	MIMS FL 32754	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	WILBANKS, DENNIS	32 NAME	
STREET ADDRESS	4048 FAIRFAX DR	33 STREET ADDRESS	
CITY-ST-ZIP	MIMS FL 32754	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	TD ☒ Change ☐ Addition
NAME	WILBANKS, NANCY	42 NAME	Reynolds, Karen
STREET ADDRESS	4048 FAIRFAX DR	43 STREET ADDRESS	6060 Stamford St.
CITY-ST-ZIP	MIMS FL 32754	44 CITY-ST-ZIP	Scottsmoor Fl 32775
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(i), 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: _____ DENNIS WILBANKS 4/24/95 (407)269-3615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)