

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 # N93000000294 (9)

1. Corporation Name

EAST FLORIDA PRIMITIVE BAPTIST CHURCHES, INC.



Principal Place of Business

PO BOX 3485
FORT PIERCE FL 34948

Mailing Address

PO BOX 3485
FORT PIERCE FL 34948

3. Date Incorporated or Qualified
01/19/1993

3a. Date of Last Report
10/18/1995

2. Principal Place of Business

2a. Mailing Address

21 **3950 Juanita Av**

26 **P O Box 3485**

4. FEI Number
65-0387054

Applied For
☒ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 **FL Pierce**

28 **FL Pierce**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **34950**

25 **USA**

29 **FL**

30 **USA**

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

**HENDLEY, CHARLES L
1107 DELAWARE AVENUE
FORT PIERCE FL 34950**

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 **PD** ☐ DELETE
NAME **HENDLEY, ROBERT JR**
STREET ADDRESS **1380 WEST 30TH STREET**
CITY - ST - ZIP **RIVIERA BEACH FL**

TITLE **SD** ☐ DELETE
NAME **CHESTER, JAMES**
STREET ADDRESS **1730 ECHO LAKE DR.**
CITY - ST - ZIP **WEST PALM BEACH FL**

TITLE **TD** ☐ DELETE
NAME **MCCARTY, MITCHELL**
STREET ADDRESS **2102 AVENUE O**
CITY - ST - ZIP **FORT PIERCE FL**

TITLE **D** ☐ DELETE
NAME **JONES, PAYTON**
STREET ADDRESS **1054 REVILLA LANE**
CITY - ST - ZIP **ROCKLEDGE FL**

TITLE **VD** ☐ DELETE
NAME **HOBBS, L. V**
STREET ADDRESS **950 NW 33RD DR.**
CITY - ST - ZIP **FORT LAUDERDALE FL**

TITLE **SD** ☐ DELETE
NAME **MARTIN, WENDELL**
STREET ADDRESS **1598 NE 21ST TERRACE**
CITY - ST - ZIP **JENSEN BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

Wendell Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/96
Date

361-461-4840
Daytime Phone #

CR2E037 (12/95)