

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001268 (2)**

1. Corporation Name

FIRST BAPTIST CHURCH OF BUNNELL, FLORIDA, INC.



Principal Place of Business 301 E. MOODY BLVD. BUNNELL FL	Mailing Address P.O. BOX 365 BUNNELL FL 32110-0365
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3. Date Incorporated or Qualified 03/19/1993	3a. Date of Last Report 04/25/1996
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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

4. FEI Number 59-1883327	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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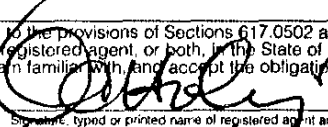
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent HOLYFIELD, O. C. JR 4 WINCHESTER PLACE PALM COAST FL 32184
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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
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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  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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HOLYFIELD, O.C. JR	1.2 NAME	
STREET ADDRESS	4 WINCHESTER PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LAWRENCE, ROBERT	2.2 NAME	
STREET ADDRESS	2257 S. CENTRAL AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BEACH FL 32136	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TOLSON, ANTRIA	3.2 NAME	
STREET ADDRESS	27 LLOYD TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FIELDS, LOLA B.	4.2 NAME	
STREET ADDRESS	6 CHRISTOPHER COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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 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:  **HOLYFIELD, O.C. JR.** 4-15-97 800-222-3449
Signature and typed or printed name of signing officer or director. Date Daytime Phone #0001799

CR2E037 (9/96)