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

A ARTENIA CON CACA ACTOR BANC BANC BANC BANK BANK BANC JOHN BORN BORN BORN BORN

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DOCUMENT #	N93000001444	(9)

## CRESTVIEW WOODLAWN BAPTIST CHURCH, INC

Principal Place of Business Mailing Address						1 103		I B B HIFKE BED!	() <b>00</b> ()) <b>0</b> [	int Banti A4		in Pil	ATT BERE IMBE	
824 N FERDON BLVD CRESTVIEW FL 32536		824 N FERDON BLVD CRESTVIEW FL 32536												
						3	Date In 03	corporate /29/198		lified		ate of La 02/01/		
2. Principal Place of Busi	ness	2a. Mailing Address				4.	FEI Nui	mber -11075	69				<del></del> -	plied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.						11073	UZ	·		60	<del></del>	t Applicable
22		27				5.	. Certific	ate of Sta	tus Desire	ædi		•		dditional guired
City & State		City & State	**************************************			6.	Election	1 Campai	gn Financ	ing		<del></del>	· · · · · · · · · · · · · · · · · · ·	May Be
<b>23</b>	T. Country	28		<del></del>				und Cont				Add	ded t	o Fees
24 Zip	Country	Zip 29	30	intry		B.	This co	rporation Statutes	has liabili		angible ta Yes 🔲		s. 19	99.032,
	e and Address of Current		[30]			10	). Name		ress of h					
				81	Name	Kill	<i>.</i>	Joy			<u></u>			
JOY, BILLY				82	Street A	ddress (P	P.O. Box		Not Acc	eotable	)			
115 WOODLAWN						!15	We	od la	74	Di				
CRESTVIEW FL 32	2536			83										
				84	City		٠ ١ .	2.00.0				85	Zip C	code
11. Pursuant to the provi	sions of Sections 617.0502 a	and 617 1508. Florida Statut	es the abo	Ne-0:	amed core	C/ t	estate t	hie stater	oont for th	no puro	FL	.	52	5.34
or registered agent, of	or both, in the State of Florida ept the obligations of, Section	a. Such change was authorized 617 0503. Florida Statutos	ed by the c	corpo	ration's b	oard of d	directors.	i hereby i	accept the	e appoin	itment as	register	ed aç	ent. I am
SIGNATURE	B.III WI	17017.0000, Florida Statutes	<b>&gt;</b> .											
Signature, type			OTE: Registered	Agent	signature req	juited when r	reinstating)	····			DATE			
12.	OFFICERS AND		13.		· · · · · · ·		ADDITIO	ONS/CHA	NGES TO	OFFIC	ERS AND			3 IN 12
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NAME		Chorrest	6.1 T(T 6.2 NA								ι	Change	; [	Addition
STREET ADDRESS					DDRESS									
CITY-ST-ZIP				TY-ST-										
14. I do hereby certify that	at the information supplied wit	th this filing is voluntarily furn	ished and	does	not qualif	y for the	exemptio	n stated	in Section	119.07	(3)(k), Flo	rida Stat	utes	I further
oatn: that i am an om	ation indicated on this annual cer or director of the corpora or Blook 13 if thanged, or on	tion or the receiver or truste an atlachment with an addr	e empower ress.	s true red to	execute	urate and this repo	o that my ort as requ	signature Jired by C	shall hav hapter 6	e the sa 17, Flori	rne legal da Statute	effect as es; and t	; if ma that n	ade under ny name
SIGNATURE	When &	Blocke	1				1/2	0/0	91					