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NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N93000001853 (1)

1. Corporation Name

CROOM ROAD BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
~~PO BOX 459~~ ~~BUSHNELL FL 33513~~ US	PO BOX 459 BUSHNELL FL 33513 US

3. Date Incorporated or Qualified: 04/26/1993

3a. Date of Last Report: 03/31/1995

2. Principal Place of Business	2a. Mailing Address
21 12016 C R 681	26
Suite, Apt. #, etc. 22 Webster, FL	Suite, Apt. #, etc. 27
City & State 23 33513	City & State 28
Zip / Country 24 / 25 USA	Zip / Country 29 / 30

4. FEI Number: 59-3222948 ☐ 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

BILLINGSLEY, LEONARD
12164 SW 46TH WAY
WEBSTER FL 33597

10. Name and Address of New Registered Agent

81 Name: Nichols, James

82 Street Address (P.O. Box Number is Not Acceptable): 7784 C.R. 702

83

84 City: Center Hill FL 85 Zip Code: 33514

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: * Joy Byrum - Clerk. Joy Byrum (NOTE: Registered Agent signature required when reinstating) DATE: 3-24-96

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BILLINGSLEY, LEONARD 12164 SW 46TH WAY WEBSTER FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DP Nichols, James P.O. Box 386 Center Hill FL 33514	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHEATHAM, GUYLEN 5435 TRAIL DRIVE SEFFNER FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D Ruth Ellen Yoxtheimer 11799 CR 682 Webster, FL 33597	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELLIS, LUCINDA 8253 CR 674 BUSHNELL FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BYRUM, JOY 3263 CR 675 WEBSTER FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 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: JAMES J NICHOLS James J Nichols 3/24/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)