

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N93000004034 (5)**

1. Corporation Name

**FIRST BAPTIST CHURCH OF INDIAN LAKE ESTATES, INC**



Principal Place of Business

Mailing Address

**HIGHWAY 60 EAST  
INDIAN LAKE ESTATES FL 33855**

**P.O. BOX 7668  
INDIAN LAKE ESTATES FL 33855**

3. Date Incorporated or Qualified  
**09/07/1993**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
**59-3206149**

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

10. Name and Address of New Registered Agent

**MILLS, GEORGE R  
14 N. PALMETTO  
INDIAN LAKE ESTATES FL 33855**

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 617.0502, Florida Statutes.

SIGNATURE

*George R. Mills*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-19-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |  |
|----------------|--|
| TITLE          | <b>PT</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>MILLS, GEORGE R</b>                               |
| STREET ADDRESS | <b>14 PALMETTO N.</b>                                |
| CITY-ST-ZIP    | <b>INDIAN LAKE ESTATES FL 33855</b>                  |
| TITLE          | <b>ST</b> <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>DENSON, ROBERT F</b>                              |
| STREET ADDRESS | <b>425 GRANADA DR</b>                                |
| CITY-ST-ZIP    | <b>INDIAN LAKE ESTATES FL 33855</b>                  |
| TITLE          | <b>D</b> <input checked="" type="checkbox"/> DELETE  |
| NAME           | <b>TAYLOR, DORIS</b>                                 |
| STREET ADDRESS | <b>5 LAGUNA DR</b>                                   |
| CITY-ST-ZIP    | <b>INDIAN LAKE ESTATES FL 33855</b>                  |
| TITLE          | <b>T</b> <input type="checkbox"/> DELETE             |
| NAME           | <b>SWICEGOOD, CAROLYN</b>                            |
| STREET ADDRESS | <b>20 PALMETTO S.</b>                                |
| CITY-ST-ZIP    | <b>INDIAN LAKE ESTATES FL 33855</b>                  |
| TITLE          | <input type="checkbox"/> DELETE                      |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> DELETE                      |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                    |  |
|--------------------|--|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME            |  |
| 13 STREET ADDRESS  |  |
| 14 CITY-ST-ZIP     |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>D</b>   |
| 2.3 STREET ADDRESS | <b>SWICEGOOD, CHARLES</b>  |
| 2.4 CITY-ST-ZIP    | <b>20 S. PALMETTO<br/>INDIAN LAKE ESTATES, FL. 33855</b>                     |
| 3.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | <b>D</b>   |
| 3.3 STREET ADDRESS | <b>JOHN GROOMS</b>   |
| 3.4 CITY-ST-ZIP    | <b>824 Indian Lake Dr.<br/>Indian Lake Estates, FL. 33855</b>                |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*Carolyn Swicegood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-96

DATE

941 692 1746

DAYTIME PHONE #

CR2E037 (12/95)