

FLORIDA DEPARTM TATE Sandra B. M

Secretary of ONS DIVISION OF CORP

1996

N93000005253 (0)

DOCUMENT #	N93000005253
AIRPORT BAPTIST	CHURCH, INC.

Principal Place of Business 4930 DRAINFIELD RD. LAKELAND FL 33811

Mailing Address

621 E. LAKEHURST ST. LAKELAND FL 33805



							<ol> <li>Date Incorporated or Qualified</li> <li>11/22/1993</li> </ol>		of Last Report 5/01/1995
2.	Principal Place of Busin	ess	2a	. Mailing Address			4. FEI Number		Applied For
21			26	-			59-3221337		Not Applicable
22	Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		28	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
23	<u> </u>	Country	20	Žin	T c	v	8 This corporation has liability for in	ntangible tax (	under s. 199.032.
• •	Zip L	25	20	₽Þ	—¬	•			
24			.1=-1	stered Agent	[00]		10. Name and Address of New Re	gistered Ag	ent
	3. Haine	and Addition of the				Name			
HERRINGTON, PRESTON L					Street Address (P.O. Box Number is Not Acceptable)				
	621 LAKEHURST								
	LAKELAND FL 33					3			
				t Registered Agent  10. Name and Address of New Registered Age Name Street Address (P.O. Box Number is Not Acceptable)  3		85 Zip Code			
-	4. D and to the provin	ions of Sections 617	0502 and 6	17 1508 Florida Statu	ites the a	named corpo	ration submits this statement for the purp	oose of chan	ging its registered office

Pursuant to the provisions of Sections of 7,0002 and of 7,1000, Florida Statutes, the amained corporation submits this statement for the purpose of changing its registered of or registered agent, or both, in the State of Florida. Such change was authorized by this poration's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.

5	signature, typed or printed name of registered agent and tille if an		E: Regist <b>a</b> jont signature rec	quired when reinstatings  ADDITIONS/QHANGES TO C	ENT: DEFICE DS AND DIRECTO	RS IN 12
12. OFFICERS AND DIRECTORS			1:	Change		
TITLÉ	PD	DELETE	1. <b>f</b>	AD DOMESTIC	Criange	Addition
NAME	HERRINGTON, PRESTON L		1.1E	PELDMAN, RONALD		
STREET ADDRESS	621 E. LAKEHURST ST.		1 EET ADDRESS	3616 HOPEWELL A		
CITY-ST-ZIP	LAKELAND FL 33805		1.4-ST-ZIP	LAKBLAND, FLORI	DA, 33 <u>8</u> 05	
TITLE	VD	DELETE	2.E		☐ Change	Addition
NAME	TURNER, RAY EVERRET		2 IE			
STREET ADDRESS	933 WASENA AVENUE		23ET ADDRÉSS			
CITY-ST-ZIP	LAKELAND FL 33803	_	2.f - ST - ZIP			
TITLE	SD	DELETE	3.F		Change	☐ Addition
NAME	SHEARIN, VERNA J		3JF			
STREET ADDRESS	1423 SOUTHERN AVE.		3EET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33803		3,f - ST - ZIP			
TITLE	TD	DELETE	4F		Change	Addition
NAME	HERRINGTON, ANGELA J		4ME			
STREET ADDRESS	621 E. LAKEHURST ST.		4EET ADDRESS			
City-St-2IP	LAKELAND FL 33805		4/-ST-ZIP		*****	
TITLE	T	DEFELE	4F		☐ Change	☐ Addition
NAME	HERRINGTON, ANGELA J		5/JE			
STREET ADDRESS	621 E. LAKEHURST ST.		SEET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33805		Br-ST-ZIP			
TITLE		DELETE	<b>∉</b>		Change	☐ Addition
NAME			€			
STREET ADDRESS			€ET ADDRESS			
CITY ST. 7IP			€-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished as 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 reportue 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 empt) to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

ESTON L. HERRINGTON John L. Herrington SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR SIGNATURE: PRESTON L. HERRINGTON

941/686-1779

CR2E037 (12/95)