

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
 AMOUNT DUE ON OR BEFORE 8/9/95: \$153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL 11 AM 11:37

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N93000005812 (3)

1. Corporation Name
FIRST BAPTIST CHURCH OF EUSTIS, INC.

500001536325
 -07/12/95--01090--005
 *****61.25 *****61.25
 DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 719 E ORANGE AVE 719 E ORANGE AVE
 EUSTIS FL 32726 EUSTIS FL 32726

3. Date Incorporated or Qualified 12/20/1993 3a. Date of Last Report 05/01/1994
 4. FEI Number NOT APPLICABLE Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 3551 E. ORANGE AVE. 26 P. O. BOX 129
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Eustis, FL. 28 Eustis, FL.
 Zip Country Zip Country
 24 32726 25 32726 29 32726 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status FILING FEE IS \$61.25
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 COFFMAN, HAROLD V
 1502 FAHNSTOCK AVE
 EUSTIS FL 32726

10. Name and Address of New Registered Agent
 81 Name BAILEY, BERKE N.
 82 Street Address (P.O. Box Number is Not Acceptable) 645 OLEANDER STREET
 83
 84 City MT. DORA FL. FL 85 Zip Code 32757

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 Berk N. Bailey BERKE N. BAILEY DATE 6-28-95
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering))

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|-----------------------------------|
| TITLE | PD |
| NAME | COFFMAN, HAROLD V |
| STREET ADDRESS | 1502 FAHNSTOCK AVE |
| CITY-ST-ZIP | EUSTIS FL 32726 |
| TITLE | VD |
| NAME | SHAMROCK, KEITH |
| STREET ADDRESS | 37112 C.R. 452 |
| CITY-ST-ZIP | EUSTIS FL 32726 |
| TITLE | STD |
| NAME | HAYS, D. ALAN |
| STREET ADDRESS | 40228 BABB RD |
| CITY-ST-ZIP | UMATILLA FL 32784 |
| TITLE | D |
| NAME | VERKAIK, ROBERT L |
| STREET ADDRESS | 15702 ACORN CIR 719 Summit St |
| CITY-ST-ZIP | TAVARES FL 32778 Eustis, FL 32726 |
| TITLE | D |
| NAME | BAILEY, BERK N |
| STREET ADDRESS | 645 OLEANDER ST |
| CITY-ST-ZIP | MT. DORA FL 32757 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | PD, BAILEY, BERKE N. |
| 1.3 STREET ADDRESS | 645 OLEANDER ST. |
| 1.4 CITY-ST-ZIP | MT. DORA, FL. 32757 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | D GREEN, DAVID A. |
| 5.3 STREET ADDRESS | 1020 S. CENTER ST. |
| 5.4 CITY-ST-ZIP | EUSTIS, FL. 32726 |
| 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 110.07(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: Berk N. Bailey BERKE N. BAILEY DATE 6-28-95
(Signature and typed or printed name of signing officer or director)

CR2E037 (3/95)