

**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

DOCUMENT # **N93000005812 (3)**

1. Corporation Name

**FIRST BAPTIST CHURCH OF EUSTIS, INC.**



Principal Place of Business

Mailing Address

**355 E ORANGE AVE  
EUSTIS FL 32726**

**P.O. BOX 129  
EUSTIS FL 32726**

3. Date Incorporated or Qualified **12/20/1993** 3a. Date of Last Report **07/11/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number **NOT APPLICABLE** 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

**BERLE, BAILEY V  
654 OLEANDER STREET  
MT.DORA FL 32757**

81 Name **BAILEY, BERLE N.**  
82 Street Address (P.O. Box Number is Not Acceptable) **645 OLEANDER STREET**  
83  
84 City **MT. DORA** 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 **Berle N. Bailey**

**4-29-96**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAILEY, BERLE N	
STREET ADDRESS	645 OLEANDER ST	
CITY-ST-ZIP	MT.DORA FL 32757	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHAMROCK, KEITH	
STREET ADDRESS	37112 C.R. 452	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HAYS, D. ALAN	
STREET ADDRESS	40228 BABB RD	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VERKAIK, ROBERT L	
STREET ADDRESS	719 SUMMIT ST	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREEN, DAVID A	
STREET ADDRESS	1020 S.CENTER ST	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	ST.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERTS, DON D.	
1.3 STREET ADDRESS	9105 SILVER LAKE DRIVE	
1.4 CITY-ST-ZIP	LEESBURG, FL 34188	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SHAMROCK, Keith	
2.3 STREET ADDRESS	37112 C.R. 452	
2.4 CITY-ST-ZIP	EUSTIS FL. 32726	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HAYS, D. ALAN	
3.3 STREET ADDRESS	40228 BABB Rd.	
3.4 CITY-ST-ZIP	UMATILLA, FL. 32784	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BURKHOLDER, MARVIN R.	
4.3 STREET ADDRESS	255 GROVE STREET	
4.4 CITY-ST-ZIP	UMATILLA, FL. 32784	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MOREFIELD, RON L.	
5.3 STREET ADDRESS	1942 Country Club ROAD	
5.4 CITY-ST-ZIP	EUSTIS, FL. 32726	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WALKER, George	
6.3 STREET ADDRESS	19201 Saltsdale Rd.	
6.4 CITY-ST-ZIP	UMATILLA, FL. 32784	

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: **Berle N. Bailey** **BERLE N. BAILEY** **4-29-96** **352-357-6701**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)