

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 27 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000000091 (8)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

464 SE 111TH CT  
CANDLER FL 34472

464 SE 111TH CT  
CANDLER FL 34472

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/07/1994**

3a. Date of Last Report

4. FEI Number

**59-3128840**

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

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

**\$68.75** Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 **10121 S.E. 111th Court**

26 **P.O. Box 457**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **Ocala, Florida**

28 **Candler, Florida**

Zip Country

24 **34472** 25 **Marion**

Zip Country

29 **32111** 30 **Marion**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEACH, JOE E**  
**10121 SE 111TH CT**  
**OCALA FL 34472**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

**4/24/95**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**  
NAME **PRITCHETT, RAYMOND**  
STREET ADDRESS **10092 SE 111TH CT**  
CITY-ST-ZIP **OCALA FL 34472**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change  Addition

TITLE **DP**  
NAME **BAKER, CAROL**  
STREET ADDRESS **12125 SE 135TH AVE**  
CITY-ST-ZIP **OKLAWAHA FL 32179**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

**DVP**  
**PEACH, TWILA**  
**10121 S.E. 111th Ct.**  
**Ocala, Florida 34472**

Change  Addition

TITLE **DS**  
NAME **JOHNSON, LAURA**  
STREET ADDRESS **25 SAPHIRE RD**  
CITY-ST-ZIP **OCALA FL 34772**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

**DS**  
**PRITCHETT, FLORENCE**  
**10092 S.E. 111th Ct.**  
**Ocala, Florida 34472**

Change  Addition

TITLE **DT**  
NAME **PRITCHETT, FLORENCE**  
STREET ADDRESS **10092 SE 111TH CT**  
CITY-ST-ZIP **OCALA FL 34472**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

**DT**  
**BAKER, GRACE**  
**16847 N.E. 16th Pl.**  
**Silver Springs, Fla. 34488**

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 110.07(3)(h), 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:

*Raymond Pritchett*

**RAYMOND PRITCHETT**

**4/24/95**

**904-687-218**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Daytime Phone #