

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N94000000481 (1)**

1. Corporation Name

APOLLO BEACH BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

**118A FLAMINGO DR.
APOLLO BEACH FL 33572**

**118A FLAMINGO DR.
APOLLO BEACH FL 33572**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

01/24/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3210482

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

**BAKER, BOB
118A FLAMINGO DR.
APOLLO BEACH FL 33572**

81 Name **WILLIAM K. WALLINGFORD**

82 Street Address (P.O. Box Number is Not Acceptable)
308 2ND STREET NW

83

84 City **RUSKIN, FL** 85 Zip Code **33570**

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

William K. Wallingford

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/5/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **NEHER, ALBERT REV**
STREET ADDRESS **2525 GULF CITY RD. #58**
CITY-ST-ZIP **RUSKIN FL 33560-2772**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **WARNER, GEORGE**
1.3 STREET ADDRESS **308 - 2ND AVENUE SE**
1.4 CITY-ST-ZIP **RUSKIN, FL 33572**

TITLE **D** ☒ DELETE
NAME **HEALY, RAY**
STREET ADDRESS **306 DICKMAN DR. SW**
CITY-ST-ZIP **RUSKIN FL**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **WAY, TIMOTHY S.**
2.3 STREET ADDRESS **1007 RIVER DRIVE**
2.4 CITY-ST-ZIP **RUSKIN, FL 33570**

TITLE **D** ☒ DELETE
NAME **CORBIN, LINDA**
STREET ADDRESS **2216 HIGHCLERE CIRCLE**
CITY-ST-ZIP **SUN CITY FL**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **GLEISNER, ROBERT B.**
3.3 STREET ADDRESS **1710 7TH STREET SW (LOT #22)**
3.4 CITY-ST-ZIP **RUSKIN, FL 33570**

TITLE **D** ☒ DELETE
NAME **WAY, GRACE**
STREET ADDRESS **1007 RIVER DR.**
CITY-ST-ZIP **RUSKIN FL 33570**

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME **THOMAS, ROBERT**
4.3 STREET ADDRESS **1710 - 7TH STREET SW (LOT #9)**
4.4 CITY-ST-ZIP **RUSKIN, FL 33570**

TITLE **D** ☐ DELETE
NAME **DE GRAFF, DAVE**
STREET ADDRESS **823-B BAHIA DEL SOL**
CITY-ST-ZIP **RUSKIN FL 33570**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **SAME**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

William K. Wallingford (AGENT)

6/10/96

(813) 641-2575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)