

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1997 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>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 33572-2633

3. Date Incorporated or Qualified **01/24/1994** 3a. Date of Last Report **06/18/1996**

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAM K. WALLINGFORD  
308 2ND ST. NW  
RUSKIN FL 33572

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 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 617.0509, Florida Statutes.

SIGNATURE

*William K Wallingford*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

3/20/97  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                     |                                            |
|----------------|---------------------|--------------------------------------------|
| TITLE          | PD                  | <input type="checkbox"/> DELETE            |
| NAME           | WARNER, GEORGE      |                                            |
| STREET ADDRESS | 302-2ND AVE. S.E.   |                                            |
| CITY-ST-ZIP    | RUSKIN FL           |                                            |
| TITLE          | D                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | HEALY, RAY          |                                            |
| STREET ADDRESS | 1007 RIVER DR.      |                                            |
| CITY-ST-ZIP    | RUSKIN FL           |                                            |
| TITLE          | D                   | <input type="checkbox"/> DELETE            |
| NAME           | GLEISNER, ROBERT B. |                                            |
| STREET ADDRESS | 1710 7TH ST. SW #22 |                                            |
| CITY-ST-ZIP    | RUSKIN FL           |                                            |
| TITLE          | D                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | WAY, GRACE          |                                            |
| STREET ADDRESS | 1710 7TH ST. SW #9  |                                            |
| CITY-ST-ZIP    | RUSKIN FL           |                                            |
| TITLE          | D                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | DE GRAFF, DAVE      |                                            |
| STREET ADDRESS | 823-B BAHIA DEL SOL |                                            |
| CITY-ST-ZIP    | RUSKIN FL 33570     |                                            |
| TITLE          |                     | <input type="checkbox"/> DELETE            |
| NAME           |                     |                                            |
| STREET ADDRESS |                     |                                            |
| CITY-ST-ZIP    |                     |                                            |

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS | SAME                                                                         |
| 1.4 CITY-ST-ZIP    |                                                                              |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | D WAY, TIMOTHY S.                                                            |
| 2.3 STREET ADDRESS | 1007 RIVER DR.                                                               |
| 2.4 CITY-ST-ZIP    | RUSKIN, FL. 33570                                                            |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                                                                              |
| 3.3 STREET ADDRESS | SAME                                                                         |
| 3.4 CITY-ST-ZIP    |                                                                              |
| 4.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | D THOMAS, ROBERT                                                             |
| 4.3 STREET ADDRESS | 1710 - 7TH STREET SW #9                                                      |
| 4.4 CITY-ST-ZIP    | RUSKIN, FL. 33570                                                            |
| 5.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | D NEHER, ALBERT REV.                                                         |
| 5.3 STREET ADDRESS | 2525 GULF CITY RD # 56                                                       |
| 5.4 CITY-ST-ZIP    | RUSKIN, FL 33570                                                             |
| 6.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           | TREASURER                                                                    |
| 6.3 STREET ADDRESS | WAY, GRACE                                                                   |
| 6.4 CITY-ST-ZIP    | 1007 RIVER DR.<br>RUSKIN, FL 33570                                           |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *George Warner* (PD)

CR2E037 (9/96)