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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N94000001690 (6)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

17409 - 8TH STREET  
MONTVERDE FL 34756-0134

P.O. BOX 560134  
MONTVERDE FL 34756-0134

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                     |                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>04/06/1994</b>                                                                                              | 3a. Date of Last Report                                |
| 4. FEI Number<br><b>59-324-1149</b>                                                                                                                 | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                        | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>                                                                  | <b>\$5.00</b> May Be Added to Fees                     |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status<br><input checked="" type="checkbox"/>                                                            | <b>\$68.75</b> Supplemental Fee Not Required           |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                |                                |
|--------------------------------|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address            |
| 21 <b>FIRST Baptist Church</b> | 26 <b>FIRST Baptist Church</b> |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc.            |
| 22 <b>PO Box 540535</b>        | 27 <b>PO Box 560535</b>        |
| City & State                   | City & State                   |
| 23 <b>Montverde FL</b>         | 28 <b>Montverde FL</b>         |
| Zip                            | Zip                            |
| 24 <b>34756</b>                | 29 <b>34756</b>                |
| Country                        | Country                        |
| 25 <b>LAKE</b>                 | 30 <b>LAKE</b>                 |

9. Name and Address of Current Registered Agent

**THURBER, GERALD**  
17409 - 8TH STREET  
MONTVERDE FL 34756-0134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 Gerald Thurber Gerald Thurber 1-30-95

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

|                |                             |
|----------------|-----------------------------|
| TITLE          | <b>Trustee</b>              |
| NAME           | <b>Gerald Thurber</b>       |
| STREET ADDRESS | <b>14725 - 9th St</b>       |
| CITY-ST-ZIP    | <b>Montverde, FL 34756</b>  |
| TITLE          | <b>Trustee</b>              |
| NAME           | <b>Viola Flynn</b>          |
| STREET ADDRESS | <b>16920 - Highland w.</b>  |
| CITY-ST-ZIP    | <b>Montverde, FL 34756</b>  |
| TITLE          | <b>Bob Anderson Trustee</b> |
| NAME           | <b>Bob Anderson</b>         |
| STREET ADDRESS | <b>17719 - 9457</b>         |
| CITY-ST-ZIP    | <b>Montverde FL 34756</b>   |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY-ST-ZIP    |                             |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY-ST-ZIP    |                             |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-ST-ZIP    |                                                                   |
| 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)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gerald Thurber Gerald Thurber 2-7-95 (407) 469-4569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration