FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # N9 1. Corporation Name

Principal Place of Pusings

N94000001690 (6)

Mailina Address

FIRST BAPTIST CHURCH OF MONTVERDE, INC.

FIRST BAPTIST CHURCH P O BOX 560535 MONTVERDE FL 34756 US 2. Principal Place of Business		FIRST BAPTIST CHURCH PO BOX 560535 MONTVERDE FL 34756-0535 US 2a. Mailing Address		Date Incorporated or Qualified 04/06/1994 4. FEI Number	3a. Date of Last Report 01/23/1996
21		⊢ •		59-3241149	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032.
24	25	29	30		Yes No
	9. Name and Address of Curren	it Registered Agent		10. Name and Address of New Re	egistered Agent
THURBER, GERALD 17409 - 8TH STREET				Serald Thurber of ddress (P.O. Box Number is Not Acceptal	
17409 - 8TH STREET 1-7 (83) MONTVERDE FL 34756-0134					
		·	84 City	MONTVERDE	El 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 617.0503 Florida Statutes. SIGNATURE Signature, typed or profiled name of registered agent and title if applicable (NOTE: Registered Agent agents required when reinstating) DATE					
12.	Signature, typed or printed name of registered age OFFICERS ANI		Hegislered Agent signature r	ADDITIONS/CHANGES TO OFFI	CEDS AND DIRECTORS IN 12
TITLE	7	DELETE	1.1 TITLE	ADDITIONS/CHARGES TO OTTE	Change Addition
NAME	THURBER, GERALD		1.2 NAME		
STREET ADDRESS	14725 9TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MONTVERDE FL		1.4 CITY - ST- ZIP	,	
TITLE	T	☐ DELETE	2.1 TITLE		Change Addition
NAME	FLYN, VIOLA		2.2 NAME		
STREET ADDRESS	16820 HIGHLAND W		2.3 STREET ADDRESS	•	
CITY-ST-ZIP	MONTVERDE FL		2. 4 CITY - ST - ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, ROBERT A		3.2 NAME		
STREET ADDRESS	17718 9TH STREET		3.3 STREET ADDRESS		
C(TY-ST-Z(P	MONTVERDE FL 34756		3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	·	Document	4.4 CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	1
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS	•		5.3 STREET ADDRESS		
CITY-ST-ZIP		T printe	5.4 CITY - ST - ZIP		Observa Talana
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS	1		6.3 STREET ADDRESS		

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.