

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000002550 (1)**

1. Corporation Name

**FIRST BAPTIST CHURCH OF MEXICO BEACH, FLORIDA, I NC.**



Principal Place of Business

Mailing Address

**823N 15TH ST  
MEXICO BEACH FL**

**HCR 03 BOX 3D  
PORT ST. JOE FL 32456**

3. Date Incorporated or Qualified

**05/09/1994**

3a. Date of Last Report

**03/20/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-3245806**

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

**HARMON, BUBBA  
1402 HWY 88  
MEXICO BEACH FL FL324-10**

81 Name

**Oris Bennett**

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

**207 4th Street**

83

84 City

**Mexico Beach**

**FL**

85 Zip Code  
**32410**

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

**Oris Bennett, Chairman of Deacons**

**4/10/96**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BENNETT, ORIS</b>	
STREET ADDRESS	<b>RT 3 BOX 152A</b>	
CITY-ST-ZIP	<b>PT ST JOE FL 32456</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>HARMON, SAMUEL</b>	
STREET ADDRESS	<b>RT 3 BOX 157A</b>	
CITY-ST-ZIP	<b>PT ST JOE FL 32456</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KIMMELL, LLOYD</b>	
STREET ADDRESS	<b>P O BOX 13392</b>	
CITY-ST-ZIP	<b>MEXICO BEACH FL 32410</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LYNN, LOUIS</b>	
STREET ADDRESS	<b>P O BOX 57 N/A</b>	
CITY-ST-ZIP	<b>PT ST JOE FL 32456</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>THOMPSON, DAVID</b>	
STREET ADDRESS	<b>HC3 BOX 150</b>	
CITY-ST-ZIP	<b>PT ST JOE FL 32456</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WILLIAMS, GLYN</b>	
STREET ADDRESS	<b>RT 3 BOX 120B</b>	
CITY-ST-ZIP	<b>PT ST JOE FL 32456</b>	

1.1 TITLE	<b>CD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	<b>HC 3, BOX 143B</b>	
3.4 CITY-ST-ZIP	<b>PORT ST JOE FL 32456</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>RAYMOND HARDY</b>	
4.3 STREET ADDRESS	<b>RT 3, BOX 9</b>	
4.4 CITY-ST-ZIP	<b>PORT ST JOE FL 32456</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>CECIL (BUD) JONES</b>	
5.3 STREET ADDRESS	<b>P O BOX 13301 N/A</b>	
5.4 CITY-ST-ZIP	<b>MEXICO BEACH FL 32410</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>JIM MANNON</b>	
6.3 STREET ADDRESS	<b>6266 HWY 98</b>	
6.4 CITY-ST-ZIP	<b>PORT ST JOE FL 32456</b>	

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:

*Oris Bennett*  
**ORIS BENNETT, CHAIRMAN**

**04/10/96**

**(904)648-5776**

Date

Daytime Phone #

CR2E037 (12/95)