# 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

APPROVED AND FILED

1996 SEP -3 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000002681 (3)

1. Corporation Name

MAYO BAPTIST CHURCH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 87<br>MAYO FL 32066 | P.O. BOX 87<br>MAYO FL 32066 |

3. Date Incorporated or Qualified: 06/08/1995

3a. Date of Last Report: n/a

2. Principal Place of Business
21 same
Suite, Apt. #, etc.
22 same
City & State
23 same
Zip
24 same
Country
25 same

2a. Mailing Address
26 same
Suite, Apt. #, etc.
27 same
City & State
28 same
Zip
29 same
Country
30 same

4. FEI Number: 59-2347952 ☐ 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

WITT, JAMES E
RT. 3, BOX 781
HWY. 51 NORTH
MAYO FL 32066

10. Name and Address of New Registered Agent

81 Name: Mary Anne McCray
82 Street Address (P.O. Box Number is Not Acceptable): Corner of Laura and Clyde Streets
83
84 City: Mayo FL 85 Zip Code: 32066

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: Mary Anne McCray, Treasurer Director — DATE: 6/8/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| D<br>James E Witt<br>Rt. 3 Box 781<br>Hwy 51 North<br>Mayo, Florida 32066 | | | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| D<br>William F. Hart<br>Rt. 3 Box 72<br>Mayo, Florida 32066 | | 600001943926<br>-09/11/96--01002--013<br>*****61.25 *****61.25 | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| D<br>Edward Koon<br>P. O. Box 736 West Hwy 27 N/A<br>Mayo, Florida 32066 | | | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| D<br>Mary Anne McCray<br>Laura & Clyde Streets<br>P. O. Box 234 N/A<br>Mayo, FL 32066 | | | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| | | | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| | | | 9/3/96 |

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: Mary Anne McCray 6/8/96 (904) 294-2880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)