

# 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 # **N95000004641 (5)**

1. Corporation Name

**PEOPLE'S BAPTIST CHURCH, INC.**



Principal Place of Business

Mailing Address

**7318 W TENNESSEE ST  
TALLAHASSEE FL 32303**

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TALLAHASSEE FL 32303**

3. Date Incorporated or Qualified  
**09/29/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

☒ 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

**BRYANT, JOE A  
7318 W TENNESSEE ST  
TALLAHASSEE FL 32303**

81 Name **JOE A. BRYANT**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4183 LOUVINIA DRIVE**  
83  
84 City **TALLAHASSEE** FL 85 Zip Code **32311**

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>VICE PRESIDENT - VD</b>	<input type="checkbox"/> DELETE
NAME	<b>IRA POPE</b>	
STREET ADDRESS	<b>ROUTE 3, BOX 660</b>	
CITY-ST-ZIP	<b>HAVANA, FL 32333</b>	
TITLE	<b>TREASURER - TD</b>	<input type="checkbox"/> DELETE
NAME	<b>DARREN E. HEADRICK</b>	
STREET ADDRESS	<b>5220-10 CRAWFORDVILLE HWY.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32310</b>	
TITLE	<b>SECRETARY - SD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROGER ALLEN</b>	
STREET ADDRESS	<b>4207 LOUVINIA DRIVE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32311</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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	

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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:

**Darren E. Headrick**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/5/96**  
Date

**224-2199**  
Daytime Phone #

CR2E037 (12/95)