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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 0000012/1

## **FILED** Apr 01 1997 8:00am Secretary of State

1. Corporation Name					
· CANDLER UNITED BAP	TIST ING.				
Principal Flace of Business	Mailing Address				
10461 SE MARICAMP R	3	151			
1040. ph muttoutt W	P. P.O. DOR	171			
			3. Date Incorporated or Qualified 4-29-96	3a. Date of Last F 5-96	Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	<u> </u>	pplied For
1) 10461 SE MARICAMP RI Suite, Apt. #, etc.	D. 26 P.O. BOX 15 Suite, Apt. #, etc.	1 12	59-3880734 <u>661</u>	- 60.75	ot Applicable Additional
	27		5. Certificate of Status Desired		lequired
City & State CANDLER, FL.	City & State CANDLER	FL.	6. Election Campaign Financing	L	May Be
Zip Country	[20]	Country	Trust Fund Contribution  8. This corporation has liability for in		to Fees s. 199 032.
32111 Country MARION		MARION	Florida Statutes	Yes 🗹 No	
9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Reg	istered Agent	
HUBERT	WEBB	ED	WARD TAYLOR	1-2	
	SE 95th TERR.		ress (P.O. Box Number is Not Acceptable 210 SE 104th CT.	ie)	
BELLEV:	IEW, FL 34420	83	MMERFIELD, FL.		
		84 City	*************		Code
11. Pursuant to the provisions of Sections 617.05	502 and 617.1508, Florida Statutes	s, the above-named cor	poration submits this statement for the pr	urpage of changing	its registered
office or registered agent, or both, in the Sta agent I am familiar with and accept the obl	ite of Florida. Such change was au ligations of, Section 617,0503, Flori	thorized by the corpora	ation's board of directors. I hereby accep	t the appointment as	s registered
SIGNATURE COLLULARY JAN	lor EDU	ARD TE	94LOR 3	-27-97	
SIGNATURE Columns Tays Stigned are typed or pershed name of registry's a	lor EDU	PARD TR Registered Agent signature requi	94LOR 3	-27-97 DATE	
SIGNATURE Educated Jacques (Appendion provided name of registron) 2. OFFICERS A	agent and title if applicable (NOTE:	ARD Tr Registered Agent signature requ	9YLOR 3 uired when reinstaling)	-27-97 DATE	
SIGNATURE Educated Jacobs  Engrances repeat or product name of regularities  12. OFFICERS A  INTE DIRECTOR  HERSHEL KEEN-D	agent and the if applicable (NOTE) ND DIRECTORS	Registered Agent eignature required 13. 1.1 TITLE 1.2 NAME	9YLOR 3 uired when reinstaling)	-27-97 DATE ERS AND DIRECTO	RS IN 12
SIGNATURE Educated Jacobs  Engrances repeat or product name of regularities  12. OFFICERS A  INTE DIRECTOR  HERSHEL KEEN-D	agent and the if applicable (NOTE) ND DIRECTORS	Registered Agent signature required 13. 1.1 TIPLE 1.2 NAME 1.3 STREET ADDRESS	9YLOR 3 uired when reinstaling)	-27-97 DATE ERS AND DIRECTO	RS IN 12
SIGNATURE CALLAL SALVA  12. OFFICERS A  TILE DIRECTOR  WAME HERSHEL KEEN-D  SINEET ADDRIVS  SINEET ADDRIVS  CALLA, FL. 3444	agent and the if applicable (NOTE) ND DIRECTORS	Registered Agent eignature required 13. 1.1 TITLE 1.2 NAME	9YLOR 3 uired when reinstaling)	-27-97 DATE ERS AND DIRECTO	RS IN 12
SIGNATURE  CALLAL STATEMENT OF PARISH Name of regularity and parished name of regularity and p	agent and the if applicable (NOTE NOTE DELETE  DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	9YLOR 3 uired when reinstaling)	-27-97 DATE ERS AND DIRECTO Change	RS IN 12
SIGNATURE  Styron or Typod on Product name of regular 12.  OFFICERS A  THE  NAME  HERSHEL KEEN-D  2110 NE FT. KII  OCALA, FL. 344  TREASURE  TREASURE  STREET ADDRESS  15210 SE 104th	DELETE  ED W (NOTE  (NOTE  (NOTE  (NOTE)	Registered Agent signature required 13. 1.1 TiflE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS	9YLOR 3 uired when reinstaling)	-27-97 DATE ERS AND DIRECTO Change	RS IN 12
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SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  DIRECTOR  HERSHEL KEEN-D  SINEET ADDRISS  OCALA, FL. 344  TREASURER  ED TAYLOR-T/T  SIGNATURE  SIGN	Agent and tote if applicable (NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	9YLOR 3 uired when reinstaling)	—27-97 DATE  ERS AND DIRECTO  ☐ Change	RS IN 12 Addition
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SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  DIRECTOR  HERSHEL KEEN-D  SIDNET ADDRESS  SITE ADDRESS  SIT	DELETE  CT.  JA4491  CT.  CT.  CT.  CT.  CT.  CT.  CT.  CT	Registered Agent signature required 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	7000213	Change	RS IN 12 Addition Addition Addition Addition
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SIGNATURE: Rev. HERSHEL KEEN 3-27-97 236-5168