

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 # **716933** (7)
1. Corporation Name
RAINBOW LAKES BAPTIST CHURCH, INC



Principal Place of Business: **19756 SW BEACH BLVD. DUNNELLON FL 34431**
Mailing Address: **C/O REV. DON MCMELLON 21208 S.W. HONEYSUCKLE ST. DUNNELLON FL 34431**

3. Date Incorporated or Qualified: **07/29/1969**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25 Suite, Apt. #, etc.
26 City & State
27 Zip
28 Country
29 Zip
30 Country

4. FEI Number: **59-1707169**
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
**REV. JAMES W. HILBURN
21208 SW HONEYSUCKLE ST.
DUNNELLON FL 34431**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code: **FL**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and time (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	MDS <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REV. JAMES W. HILBURN	12 NAME	
STREET ADDRESS	21208 SW HONEYSUCKLE ST.	13 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL 34431	14 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	USRY, TESSIE L	22 NAME	
STREET ADDRESS	20090 WOOD DUCK DR.	23 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL 34432	24 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIND, LOUIS A	32 NAME	
STREET ADDRESS	21184 SW HONEYSUCKLE ST.	33 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL 34431	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: *Jessie L. Usry* **Tessie L. Usry** *Feb 15, 1996*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE BUSINESS PHONE #

CRE037 (12/95)