

**FILE NOW: FILING FEE AFTER MAY 1-IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 15 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 735506 (8)  
1. Corporation Name  
EAST BAPTIST CHURCH OF DEFUNIAK SPRINGS, FLORIDA  
, INC. # 606

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
RT 1 BOX N-597 DEFUNIAK SPRGS FL 32433  
RT 1 BOX N-597 DEFUNIAK SPRGS FL 32433

3. Date Incorporated or Qualified 04/07/1976	3a. Date of Last Report 03/10/1994
4. FBI Number 59-1603625	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 910 BAY AVENUE Suite, Apt. #, etc.	2a. Mailing Address 26 910 BAY AVENUE Suite, Apt. #, etc.
22 City & State 23 DEFUNIAK SPRINGS	27 City & State 28 DEFUNIAK SPRINGS
24 32433	29 32433

9. Name and Address of Current Registered Agent  
GRINER, FLOYD  
RT. 8, BOX N1114  
DEFUNIAK SPRGS FL 32433  
*Floyd Griner*

10. Name and Address of New Registered Agent  
81 Name GRINER, FLOYD  
82 Street Address (P.O. Box Number is Not Acceptable)  
121 SHERWOOD ROAD  
83  
84 City DEFUNIAK SPRINGS FL 85 Zip Code 32433

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	D
NAME	GRINER, FLOYD
STREET ADDRESS	RT. 8, BOX N 1114
CITY-ST-ZIP	DEFUNIAK SPRGS, FL 00000
TITLE	D
NAME	CARROLL, DONALD
STREET ADDRESS	RT. 6, BOX 50
CITY-ST-ZIP	DEFUNIAK SPRGS, FL 00000
TITLE	D
NAME	GRICE, JOHN
STREET ADDRESS	RT. 1, BOX N-605
CITY-ST-ZIP	DEFUNIAK SPRGS, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GRINER, FLOYD
1.3 STREET ADDRESS	121 SHERWOOD ROAD
1.4 CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CARROLL, DONALD
2.3 STREET ADDRESS	RT 4, BOX 180
2.4 CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GRICE, JOHN
3.3 STREET ADDRESS	1048 COUNTY ROAD 290 E
3.4 CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	500001432085
4.4 CITY-ST-ZIP	-03/16/95--01101--007
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	

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 110.07(3)(k), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee employed to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: See Above signature *Floyd Griner* 2-8-95 904-892-5361  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE