

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 10 PM 12:26

DOCUMENT # 766492 (3)
1. Corporation Name
EAGLES' NEST BAPTIST CHURCH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4650 EAGLES NEST ROAD FRUITLAND PARK FL 34731 **4650 EAGLES NEST ROAD FRUITLAND PARK FL 34731**

3. Date Incorporated or Qualified **01/11/1983** 3a. Date of Last Report **02/22/1994**
4. FEI Number **59-2313869** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**STOKES, CHARLES
36321 W SPRING LAKE BLVD
FRUITLAND PARK FL 34731**

10. Name and Address of New Registered Agent
81 Name **James Hollan Marshall, Jr.**
82 Street Address (P.O. Box Number is Not Acceptable) **37049 Shadow Wood Lane**
83
84 City **Fruitland Park FL 34731 FL** 85 Zip Code **34731**

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 *James Hollan Marshall Jr* James Hollan Marshall, Jr. April 3, 1995
(Signature, typed or printed name of registered agent and only applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	STOKES, CHARLES
STREET ADDRESS	36321 W. SPRING LAKE ROAD
CITY-ST-ZIP	FRUITLAND PARK FL
TITLE	PD
NAME	TURNER, CHARLES
STREET ADDRESS	40050 LARSON LANE, P. O. BOX 778 N/A
CITY-ST-ZIP	LADY LAKE FL
TITLE	STD
NAME	JONES, ROBERT
STREET ADDRESS	1511 N. LAKEVIEW AVE
CITY-ST-ZIP	LEESBURG FL
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	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Marshall, James Hollan, Jr.	
1.3 STREET ADDRESS	37049 Shadow Wood Lane	
1.4 CITY-ST-ZIP	Fruitland Park FL 34731	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Stokes, Charles,	
2.3 STREET ADDRESS	no longer an officer or director	
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		

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 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: *James Hollan Marshall Jr* James H. Marshall, Jr. 4/3/95 (904) 226-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Supplement 8)