

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # NO5006 (4)

95 APR -6 PM 12: 15

1. Corporation Name
FAITH BAPTIST CHURCH OF SILVER SPRINGS, FLORIDA, INC.

Principal Place of Business Mailing Address
327 N CTY RD 314-A SILVER SPRINGS FL 32788-6578 34488 **327 N CTY RD 314-A SILVER SPRINGS FL 32788-6578 34488**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/06/1984** 3a. Date of Last Report **04/27/1994**
4. FEI Number **59-2333089** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **327 N. CTY Rd 314A** 26 **327 N. CTY Rd 314A**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Silver Springs, FL** 27 **Silver Springs, FL**
City & State City & State
23 **34488** 25 **Marion** 29 **34488** 30 **Marion**
Zip County Zip County

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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
DAUNHAUER, FRED
8655 N.W. 147TH AVE. RD.
SILVER SPGS. FL 32688
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

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 officer 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, RAYMOD O. JR.	12 NAME	
STREET ADDRESS	1318 SE 173 TERR	13 STREET ADDRESS	
CITY - ST - ZIP	SILVER SPRINGS FL	14 CITY - ST - ZIP	
TITLE	DV	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAUNHAUER, FRED	22 NAME	
STREET ADDRESS	8655 NE 147TH AVENUE RD.	23 STREET ADDRESS	
CITY - ST - ZIP	SILVER SPRINGS FL	24 CITY - ST - ZIP	
TITLE	DST	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSGOOD, ROBERT G.	32 NAME	
STREET ADDRESS	17315 SE 68TH ST.	33 STREET ADDRESS	
CITY - ST - ZIP	OCKLAWAHA FL	34 CITY - ST - ZIP	
TITLE		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		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		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)(b), 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: **Robert G. Osgood Treas.** **Robert G. Osgood** 4/1/95 625 9820 (904)
SIGNATURE AND TYPED OR PRINTED NAME OF BRINGING OFFICER OR DIRECTOR Date Expiration Date