

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 # N07980

(8)

1. Corporation Name

O'BRIEN BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

%T.J. FLETCHER, JR.
~~RT 2 BOX 3030~~ 21890 Fletcher Rd.
O'BRIEN FL 32071
US

C/O T. J. FLETCHER
~~RT 2 BOX 3030~~
O'BRIEN FL 32071
US

3. Date Incorporated or Qualified
03/06/1985

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2356452

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLETCHER, T.J. JR.
~~RT 2 BOX 3030~~ 21890 Fletcher Rd.
O'BRIEN FL 32071

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and that of agent

(NOTE: Registered Agent Signature required when requested)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME FLETCHER, T.J. JR.
STREET ADDRESS ~~RT 2 BOX 3030~~ 21890 Fletcher Rd.
CITY-ST-ZIP O'BRIEN FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME HOLTZCLAW, J.M.
STREET ADDRESS ~~RT 1 BOX 2055~~ 21809 93rd Drive
CITY-ST-ZIP O'BRIEN FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BOND, RAYMOND, JR.
STREET ADDRESS ~~ROUTE 1 BOX 821~~ 15543 164th St.
CITY-ST-ZIP MCALPIN FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BUCKNER, CHARLES
STREET ADDRESS P.O. BOX 204 N/A
CITY-ST-ZIP O'BRIEN FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ROBERTS, EDWARD
STREET ADDRESS POST OFFICE BOX 184
CITY-ST-ZIP O'BRIEN FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. J. FLETCHER, JR.

3-28-96

9049 35 1895

Date

Daytime Phone

CR2E037 (12/95)