FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(0)

	IRST BAPTIST CHURCH O	Mailing Address									
										7471 01011 1007	
125 W ANDERSON AVE 125 W ANDERSON AVE BUSHNELL FL 33513 BUSHNELL FL 33513						3. Date Incorporated	or Qualified				
DUSTWELL PL	33313	BUSHNELL FL 33513				11/22/196)				
						4. FEI Number				pplied For	
2. Principal P	lace of Business	2a. Mailing Address				59-108979	1			ot Applicable	
21	1200 01 230011000	26			5. Certificate of State	us Desired			Additional equired		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaig	n Financino			May Be		
22		27				Trust Fund Contril	-			o Fees	
City & Stat	e	City & State				7. Is this nonprofit co	prporation a ho			n?	
23		Zip Country				☐ Yes ☐ No					
Zip	Country	Zip	_	untry		8. This corporation of					
24	9. Name and Address of Curre	29 29 Agent	30	T		Personal Property 10. Name and Addre				_ No	
				81	Name	12, 11,2,11,2,11,2,11,2,11,2,11,2,11,2,				~~~ ·~~	
THIES, I	MARGE Margare	+ A.			Ctront Ada	a /D O Day Number in	Net Assessed	1-1			
	ERMONT AVENUE	82 Street A			Street Add	s (P.O. Box Number is	Not Acceptab	118)			
	ELL FL 33513			83		<u> </u>					
				84	City			— , 85	Zin i	Code	
				1 1	•			FL	l '		
11. Pursuant office or r	to the provisions of Sections 617.05 egistered agent, or both, in the Statim lamiliar with, and accept the oblig	02 and 617.1508, Florida Statu e of Florida. Such change was	tes, the a authorize	above ed by	rnamed cor the corpora	ation submits this state a's board of directors. I	ment for the p	urpose of char at the appointm	ging it ent as	s registered registered	
agent. I a	m familiar with, and accept the oblig	ations of, Section 617.0503, F				• •		A 3			
SIGNATURE]	Magaut a Significant specification of registered as	- Thus	mar-	ga:	ret A	Thies when reinslating)	4-21-	<u> </u>			
12.		ND DIRECTORS	13.		w adjustine radio	ADDITIONS/CHANG	GES TO OFFIC	ERS AND DIRE	CTÓP	RS IN 12	
TITLE	D DELETE		1.1 T	1.1 TITLE					hange	Addition	
NAME	THIES, MARGE	ARGARE + A	1.2 N	MAME							
STREET ADDRESS	214 E. VERMONT AVE.		1.3 STREET ADDRESS		ADDRESS						
CITY-ST-ZIP	BUSHNELL FL		1.4 CITY-ST-ZIP		í-ZIP						
TITLE	SD	DELETE	2.1 T	ITLE		. '		□ c	hange	☐ Addition	
NAME	DEMAREST, CHARITY			MAME							
STREET ADDRESS	2984 CR 617		2.3 STREET ADDRESS		ADDRESS						
CITY-ST-ZIP	BUSHNELL FL		_	CITY - S	T-ZIP					F-4	
TITLE	D	☐ DELETE	3.1 T(T						nange	Addition	
NAME	HARRISON, JULIAN		3.2 NAM								
STREET ADDRESS	324 WEST DADE AVE	BUSHNELL, FL 00000		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP							
CITY-ST-ZIP TITLE	D	☐ DELETE	34.0 4.17		1- ZIP				hanne	Addition	
NAME	HAWKINS, RONNIE		•	NAME					HEI11GO		
STREET ADDRESS	P. O. BOX 441 N/A				ADORESS						
CITY-ST-ZIP	BUSHNELL FL			HTY-ST							
TITLE	D	DELETE	5.1 T					□ c	hange	Addition	
NAME	DOLVEN, ROBERT			5.2 NAME				_	-	_	
STREET ADDRESS	150 CIR. 532 C.		5.3 \$	5.3 STREET ADDRESS							
CITY-ST-ZIP	BUSHNELL, FL 00000			HY-ST							
TITLE	TD	DELETE	6.1 T					c	hange	Addition	
NAME	MORRIS, RONNIE		6.2 N	IAME	-						
STREET ADDRESS	309 N. RUTLAND, P.O. BOX	55	6.3 \$	TREET /	ADDRESS						

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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:

CITY-ST-ZIP

BUSHNELL, FL 00000

angant a Then

352-793-4612

FILED

Apr 30 1998 8:00am

Secretary of State