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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701708

1. Corporation Name

THE FIRST BAPTIST CHURCH OF BUSHNELL INC.

Principal Place of Business

125 W ANDERSON AVE
BUSHNELL FL 33513

Mailing Address

125 W ANDERSON AVE
BUSHNELL FL 33513

463803 - 90009 - 16



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/22/1960

4. FEI Number

59-1089791

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

9. Name and Address of Current Registered Agent

THIES, MARGARET A
214 E. VERMONT AVENUE
BUSHNELL FL 33513

10. Name and Address of New Registered Agent

81 Name Carolyn Todd

82 Street Address (P.O. Box Number is Not Acceptable)
7979 CR 747

83

84 City Bushnell

FL

85 Zip Code 33513

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

Carolyn Todd

Carolyn Todd

4-27-99

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 THIES, MARGARET A
STREET ADDRESS 214 E. VERMONT AVE.
CITY-ST-ZIP BUSHNELL FL
☒ DELETE

TITLE SD
NAME DEMAREST, CHARITY
STREET ADDRESS 2984 CR 617
CITY-ST-ZIP BUSHNELL FL
☐ DELETE

TITLE D
NAME HARRISON, JULIAN
STREET ADDRESS 324 WEST DADE AVE
CITY-ST-ZIP BUSHNELL, FL 00000
☐ DELETE

TITLE D
NAME HAWKINS, RONNIE
STREET ADDRESS P. O. BOX 441 N/A
CITY-ST-ZIP BUSHNELL FL
☐ DELETE

TITLE D
NAME DOLVEN, ROBERT
STREET ADDRESS 150 CIR. 532 C.
CITY-ST-ZIP BUSHNELL, FL 00000
☐ DELETE

TITLE TD
NAME MORRIS, RONNIE
STREET ADDRESS 309 N. RUTLAND, P.O. BOX 55
CITY-ST-ZIP BUSHNELL, FL 00000
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Todd, Carolyn
1.3 STREET ADDRESS 7979 CR 747
1.4 CITY-ST-ZIP Bushnell, FL 33513
☒ Change ☐ Addition

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE: Carolyn Todd 4-27-99 352-793-3427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)