


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jun 23 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 703957 (1)**

1. Corporation Name  
**FLORIDA BAPTIST SCHOOLS, INC.**



Principal Place of Business <b>506 SOUTH OAKWOOD AVENUE P.O. BOX 2758 BRANDON FL 33509</b>	Mailing Address <b>506 SOUTH OAKWOOD AVENUE P.O. BOX 2758 BRANDON FL 33509</b>
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3. Date Incorporated or Qualified  
**04/26/1962**

4. FEI Number  
**23-7202810**

Applied For	
Not Applicable	<input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**FENISON, DARVIE D  
804 LITHIA PINECREST RD.  
BRANDON FL 33511**

10. Name and Address of New Registered Agent

81 Name	<b>H.R. Kirkland</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>712 Dew Bloom Road</b>
83	
84 City	<b>Brandon</b>
85 Zip Code	<b>FL 33511</b>

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 *David G. Gurgel* *H.R. Kirkland* **6/9/98**

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

12. OFFICERS AND DIRECTORS

TITLE	<b>PTR</b>	<input type="checkbox"/> DELETE
NAME	<b>GURGEL, DAVID G</b>	
STREET ADDRESS	<b>104 ELAINE DR</b>	
CITY-ST-ZIP	<b>AUBURNDALE FL</b>	
TITLE	<b>STR</b>	<input type="checkbox"/> DELETE
NAME	<b>PUGH, HAROLD</b>	
STREET ADDRESS	<b>2032 PARKER ROAD</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMPSON, TIM E</b>	
STREET ADDRESS	<b>1310 NE 2ND ST</b>	
CITY-ST-ZIP	<b>MULBERRY FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FENISON, DARVIE D</b>	
STREET ADDRESS	<b>804 LITHIA PINECREST RD.</b>	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> DELETE
NAME	<b>COOKE, LARRY N</b>	
STREET ADDRESS	<b>1906 NICHOLS RD</b>	
CITY-ST-ZIP	<b>LITHIA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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 checked="" type="checkbox"/> Addition
4.2 NAME	<b>D</b>
4.3 STREET ADDRESS	<b>Kirkland, H.R.</b>
4.4 CITY-ST-ZIP	<b>712 Dew Bloom Road</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Brandon, FL 33511</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>500002570215</b>
6.3 STREET ADDRESS	<b>-06/23/98 - 0107-007</b>
6.4 CITY-ST-ZIP	<b>***\$61.25</b>

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.

SIGNATURE: *H.R. Kirkland* *Ben Kirkland* **5/16/98 912/04-1298**

CR2E037 (10/97)