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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **707592**

1. Corporation Name

FORREST AVENUE INDEPENDENT MISSIONARY BAPTIST CH URCH OF APOPKA, INC.

Principal Place of Business	Mailing Address
200 E. 6TH STREET P.O. BOX 119 APOPKA FL 32704-7119	200 E. 6TH STREET P.O. BOX 119 APOPKA FL 32704-7119

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 200 E. 6TH STREET	26 P. O. BOX 119	07/15/1964
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-2399903 ☐ Applied For ☐ Not Applicable
23 City & State: APOPKA, FLORIDA	28 City & State: APOPKA FLORIDA	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
24 Zip: 32703 25 Country: ORANGE	29 Zip: 32704-0119 30 Country: ORANGE	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HARPER, J. R.
903 N THOMPSON ROAD
APOPKA FL 32703

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HILL, EGBERT T		1.2 NAME	
STREET ADDRESS	8040 SUN VISTA WY		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 33822		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCCARVER, BOBBY G		2.2 NAME	
STREET ADDRESS	PO BOX 522 N/A		2.3 STREET ADDRESS	
CITY-ST-ZIP	ZELLWOOD, FL 00000		2.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HARPER, J. R.		3.2 NAME	
STREET ADDRESS	903 N THOMPSON ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HARPER, RUTH		4. 2 NAME	
STREET ADDRESS	903 N THOMPSON ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 00000		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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: SIGNATURE REQUIRED 4-14-1999 407-886-8241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BOBBY G. MCCARVER

CR2E037 (11/98)