FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

CITY-ST-ZIP

707733

THE FIRST BAPTIST CHURCH OF ST. CLOUD, FLORIDA I

NCORPORATED INC. Principal Place of Business Mailing Address 1717 13TH ST. 1717 13TH ST 3. Date Incorporated or Qualified ST. CLOUD FL 34769 ST. CLOUD FL 34769 08/21/1964 4. FEI Number Applied For 59-1163072 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 Fee Reguired Suite, Apt. #, etc. \$5.00 May Be Suite, Apt. #, etc. 6. Election Campaign Financing Trust Fund Contribution Added to Fees 22 27 City & State 7. Is this nonprofit corporation a homeowners association? City & State Yes M No 28 23 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name **SCOWDEN, JEFFERY** Street Address (P.O. Box Number is Not Acceptable) 3898 CREEK BED CIRCLE 83 ST CLOUD FL 34769 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 title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS Change Addition DELETE 1.1 TITLE TITLE TASSEL, ROLAND VAN 1.2 NAME NAME 3150 PACKARD AVENUE 1.3 STREET ADDRESS STREET ADDRESS ST CLOUD FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.5 TITLE TITLE PD NAME COLLIER, THOMAS C. 22 NAME 2900 GREEN ACRES ROAD 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP ST. CLOUD FL CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE SHOEMAKE, CHARLES B. 3.2 NAME NAME 4270 FANNY BASS ROAD 3.3 STREET ADORESS STREET ADDRESS ST. CLOUD FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME TWEEDIE, ARTHUR STREET ADDRESS 1875 RAYMOND DR 4.3 STREET ADDRESS ST CLOUD FL 4.4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET 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 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 earl address. 02-10-00 407-892-7125

6.4 CITY-ST-ZIP