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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 707993

1. Corporation Name

CORTEZ ROAD BAPTIST CHURCH, INC.

Principal Place of Business
 4411 100TH STREET WEST
 BRADENTON FL 34210-8700

Mailing Address
 4411 100TH STREET WEST
 BRADENTON FL 34210-8700



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/21/1964	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2184885	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
EVELETH, MARK 4411 100TH STREET WEST BRADENTON FL 34210				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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	S	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANMETER, CAROL		1.2 NAME	Michael Jones	
STREET ADDRESS	115TH STREET COURT WEST		1.3 STREET ADDRESS	5205 20th St. Ct. E.	
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-ST-ZIP	Bradenton FL 34203	
TITLE	T	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, LOUISE		2.2 NAME	LeMarbe, Tom	
STREET ADDRESS	3710 GULF OF MEXICO DR A-16		2.3 STREET ADDRESS	4935-47th Ave. W, Apt. 1307	
CITY-ST-ZIP	LONGBOAT KEY FL		2.4 CITY-ST-ZIP	Bradenton FL 34210	
TITLE	VPD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOUSE, CARL W		3.2 NAME		
STREET ADDRESS	4113 LONGHORD DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMARBE, TOM		4.2 NAME		
STREET ADDRESS	4935-47TH AVE W, APT 1307		4.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34210		4.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVELETH, MARK		5.2 NAME		
STREET ADDRESS	4411 100TH ST WEST		5.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLINGSWORTH, THOMAS E.		6.2 NAME		
STREET ADDRESS	914 SPANISH DR. SOUTH		6.3 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY FL		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: M. Jones **SIGNATURE REQUIRED** 1/29/99 941 792 3279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)