FILE NOW: FILING FEE IS $61.25

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Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708480 (9)

1. Corporation Name
HAVEN BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
2105 KING RD. S.W. WINTER HAVEN FL 33880	2105 KING RD. S.W. WINTER HAVEN FL 33880-1753

3. Date Incorporated or Qualified: 02/12/1965
3a. Date of Last Report: 02/09/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-1162992 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

~~GALL, FRANK DANIEL J~~
~~134 HOMEWOOD DRIVE~~
~~WINTER HAVEN FL 33880~~

10. Name and Address of New Registered Agent

81 Name: Dr. Robert Gage
82 Street Address (P.O. Box Number is Not Acceptable): 1388 Ave. H. S.W.
83: Winter Haven
84 City: **FL** 85 Zip Code: 33880

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] PASTOR / ADMINISTRATOR 1/6/97
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GALL, FRANK DANIEL J		1.2 NAME		
STREET ADDRESS	134 HOMEWOOD DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HAMM, LARRY C.		2.2 NAME		
STREET ADDRESS	2665 GALE ROSE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP		
TITLE	VD	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	~~MCCARD, HENRY~~		3.2 NAME		
STREET ADDRESS	~~646 OLEANDER DRIVE, SE.~~		3.3 STREET ADDRESS		
CITY-ST-ZIP	~~WINTER HAVEN FL 33880~~		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, DR. ROBERT,		4.2 NAME		
STREET ADDRESS	800 AVE. M, S.E.		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33880		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE	Vice Director	☐ Change ☑ Addition
NAME	Mark Deckard		5.2 NAME	Mark Deckard	
STREET ADDRESS	413 Hickory Lane		5.3 STREET ADDRESS	413 Hickory Ln	
CITY-ST-ZIP	Winter Haven, Fl 33880		5.4 CITY-ST-ZIP	Winter Haven, Fl	
TITLE	VD	☐ DELETE	6.1 TITLE	Vice Director	☐ Change ☑ Addition
NAME	Doug Jones		6.2 NAME	Doug Jones	
STREET ADDRESS	962 Whisper Lk Drive		6.3 STREET ADDRESS	962 Whisper Lk Dr	
CITY-ST-ZIP	Winter Haven Fl 33880		6.4 CITY-ST-ZIP	Winter Haven, Fl 3388	

14. I do 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: [signature] 1/6/97

CR2E037 (9/96)