


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709053 (3)
 1. Corporation Name
DANIELS ROAD BAPTIST CHURCH, INC.

Principal Place of Business 5878 DANIELS ROAD S.E. R.R. 25 FORT MYERS FL 33912	Mailing Address 5878 DANIELS ROAD S.E. R.R. 25 FORT MYERS FL 33912
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/31/1965	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2350694	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BENEDICT, RICHARD
8164 GULL LANE
FORT MYERS FL 33912

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	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENEDICT, RICHARD	1.2 NAME	
STREET ADDRESS	8164 GULL LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOSTIGIAN, JAMES	2.2 NAME	S.D. Crump, Ben
STREET ADDRESS	6831 ST. EDMUNDS LOOP	2.3 STREET ADDRESS	6626 Plantation Pines Blvd. SE
CITY-ST-ZIP	FORT MYERS FL	2.4 CITY-ST-ZIP	Fort Myers, FL 33912
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALVIN, DAVID	3.2 NAME	
STREET ADDRESS	4839 GLOUCESTER COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERRILL, DAVID	4.2 NAME	T.D. Haynes, Stanley
STREET ADDRESS	1430 S.E. 18TH TERRACE	4.3 STREET ADDRESS	11170 Caravel Circle #302
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	Fort Myers, FL 33908
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBINSON, BURTON	5.2 NAME	D Green, Al
STREET ADDRESS	861 GENEVA STREET EAST	5.3 STREET ADDRESS	8175 Caloosa Road
CITY-ST-ZIP	LEHIGH FL	5.4 CITY-ST-ZIP	Fort Myers, FL 33912
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINDAL, CHRISTOPHER L	6.2 NAME	
STREET ADDRESS	2436 IVY AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS 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.

SIGNATURE: *Christopher L. Hindal* **REQUIRED** **L. Hindal 1-14-98 941-481-2416**

CR2E037 (10/97)