

FILE NOW: FILING FEE IS \$61.25

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90207 032 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 709053			
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	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		29	
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BENEDICT, RICHARD 8164 GULL LANE FORT MYERS FL 33912		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 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 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 SD <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME CRUMP, BEN		2.2 NAME	
STREET ADDRESS 6626 PLANTATION PINES BLVD. SE		2.3 STREET ADDRESS	
CITY-ST-ZIP FORT MYERS FL 33912		2.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE		3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME GALVIN, DAVID		3.2 NAME	
STREET ADDRESS 4830 GLOUCESTER COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP FORT MYERS FL		3.4 CITY-ST-ZIP	
TITLE TD <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME HAYNES, STANLEY		4.2 NAME	
STREET ADDRESS 11170 CARAVEL CIRCLE #302		4.3 STREET ADDRESS	
CITY-ST-ZIP FT. MYERS FL 33908		4.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME GREEN, AL		5.2 NAME	
STREET ADDRESS 8175 CALOOSA RD		5.3 STREET ADDRESS	
CITY-ST-ZIP FT. MYERS FL 33912		5.4 CITY-ST-ZIP	
TITLE P <input type="checkbox"/> DELETE		6.1 TITLE <input checked="" 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	

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CR2E037 (1/198)

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

1-10-99 941-936-3319