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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **709628** (2)

1. Corporation Name

**FIRST BAPTIST CHURCH, INC., OF DELEON SPRINGS, F
LORIDA**

Principal Place of Business

Mailing Address

**4965 CENTRAL AVE
POB 908
DELEON SPRINGS FL 32130**

**4965 CENTRAL AVE
POB 908
DELEON SPRINGS FL 32130-0808**



3. Date Incorporated or Qualified **09/21/1965** 3a. Date of Last Report **03/04/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1494213	Applied For ☒ Not Applicable
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
24 Country	29 Country		
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Bigelow, John
5325 AUDUBON AVENUE
P.O. BOX 368
DELEON SPRINGS FL 32130**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 John Bigelow *John Bigelow* **March 5, 1997**
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	P ☒ DELETE	1.1 TITLE	T ☐ Change ☒ Addition
NAME	HESTER, WILLIAM	1.2 NAME	Robert Penney
STREET ADDRESS	4455 CAVE LAKE ROAD	1.3 STREET ADDRESS	5025 DeLeon Oaks Court
CITY-ST-ZIP	DELEON SPRINGS FL	1.4 CITY-ST-ZIP	DeLeon Springs, FL 32130
TITLE	T ☒ DELETE	2.1 TITLE	T ☐ Change ☒ Addition
NAME	WARREN, H.M. "BILL"	2.2 NAME	David Powell
STREET ADDRESS	5941 BARNHILL LANE	2.3 STREET ADDRESS	1455 Ridgewood Street
CITY-ST-ZIP	DELEON SPRINGS FL	2.4 CITY-ST-ZIP	DeLand, FL 32720
TITLE	T ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DEGROM, TONY	3.2 NAME	
STREET ADDRESS	1485 ARREDONDO GRANT ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELEON SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	T ☒ DELETE	4.1 TITLE	T ☐ Change ☒ Addition
NAME	DELLIGATTI, CHIP	4.2 NAME	Mike Delligatti
STREET ADDRESS	320 WHEELER STREET	4.3 STREET ADDRESS	311 Retta Street
CITY-ST-ZIP	DELEON SPRINGS FL	4.4 CITY-ST-ZIP	DeLeon Springs, FL 32130
TITLE	T ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BIGELOW, JOHN	5.2 NAME	
STREET ADDRESS	5325 AUDUBON AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELEON SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	T ☒ DELETE	6.1 TITLE	T ☐ Change ☒ Addition
NAME	ROSS, STEPHEN	6.2 NAME	Joe Underhill
STREET ADDRESS	2513 PAKWAY DRIVE	6.3 STREET ADDRESS	205 Lemon Road
CITY-ST-ZIP	DELEON SPRINGS FL	6.4 CITY-ST-ZIP	Barberville, FL 32105

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: John Bigelow *John Bigelow* **March 5, 1997** **985-4281**
Signature and typed or printed name of signing officer or director Date Daytime Phone

CR2E037 (9/96)