(2/38)

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. FILED NONPROFIT FLORIDA DEPARTMENT OF STATE Jul 29 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 709628 FIRST BAPTIST CHURCH, INC., OF DELEON SPRINGS, F Principal Place of Business Malling Address 4995 CENTRAL AVE 4995 CENTRAL AVE 3. Date Incorporated or Qualified POB 908 POB 908 09/21/1965 DELEON SPRINGS FL 32130 DELEON SPRINGS FL 32130 4. FEI Number Applied For 59-1494213 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Sulte, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? ⊒ No 23 Yes 28 Zip Country Zip Country 8. This corporation owes or has paid the current year intangible 24 29 30 Personal Property Tax due June 30. ___ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BIGELOW, JOHN 82 Street Address (P.O. Box Number is Not Acceptable) 5325 AUDUBON AVENUE 83 P.O. BOX 368 **DELEON SPRINGS FL 32130** 84 City Zip Code 85 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 1.1 TITLE TITLE DELETE Change 3 Addition NAME Penney, Robert 1.2 NAME Al Copeland **5025 DELEON OAKS COURT** 1.3 STREET ADDRESS STREET ADDRESS 4654 Orange Drive N **DELEON SPRINGS FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DeLeon Springs, Fl 32130change Addition TITLE 2.1 TITLE DELETE POWELL, DAVID 2.2 NAME NAME 1455 RIDGEWOOD STREET 2.3 STREET ADDRESS STREET ADDRESS **DELAND** FL 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE TITLE DELETE Change X Addition DEGROM, TONY NAME 3.2 NAME Joeph Abbott 1485 ARREDONDO GRANT ROAD STREET ADDRES 3.3 STREET ADDRESS 217 Catalonia Ave. **DE**LEON SPRINGS FL CITY-ST-ZIP 3.4 CITY-ST-ZIP DeLeon Springs. Fl 4.1 TITLE TITLE X ADELETE Change Addition **De**lligatti, mike NAME 4.2 NAME **311 RETTA STREET** STREET ADDRESS 4.3 STREET ADDRESS **Dele**on springs fl CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE TITLE DELETE Addition Change **BIGELOW, JOHN** 5.2 NAME NAME **5325 AUDUBON AVENUE** 5.3 STREET ADDRESS STREET ADDRES **DELEON SPRINGS FL** 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 6.1 TITLE X DELETE Change ___ Addition underhill, joe 6.2 NAME NAME

14. I herely 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 an antiachment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADORESS

CITY-ST-ZIP

205 LEMON ROAD

BARBERVILLE FL

MARIE OF BIGNING OFF BIGNATURE AND TYPEO OR PRINTED OFFICER OR DIRECTOR

John Bigelow 7/17/98 (904) 985-4912