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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 709628

1. Corporation Name

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

Principal Place of Business

4995 CENTRAL AVE  
POB 908  
DELEON SPRINGS FL 32130

Mailing Address

4995 CENTRAL AVE  
POB 908  
DELEON SPRINGS FL 32130



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/21/1965

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1494213

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

Zip

Country

Zip

Country

25

29

30

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

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

*John Bigelow*  
Signature, typed or printed name of registered agent and title if applicable.

John Bigelow, Agent

4/29/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE

1.1 TITLE  Change  Addition

NAME COPELAND, AL  
STREET ADDRESS 4654 ORANGE DRIVE NORTH  
CITY-ST-ZIP DELEON SPRINGS FL 32130

T  
1.2 NAME Bill Hester  
1.3 STREET ADDRESS 4455 Cave Lake Road  
1.4 CITY-ST-ZIP DeLeon Springs, FL. 32130

TITLE  DELETE

2.1 TITLE  Change  Addition

NAME POWELL, DAVID  
STREET ADDRESS 1455 RIDGEWOOD STREET  
CITY-ST-ZIP DELAND FL

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  DELETE

3.1 TITLE  Change  Addition

NAME ABBOTT, JOSEPH  
STREET ADDRESS 217 CATALONIA AVENUE  
CITY-ST-ZIP DELEON SPRINGS FL 32130

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE

4.1 TITLE  Change  Addition

NAME BIGELOW, JOHN  
STREET ADDRESS 5325 AUDUBON AVENUE  
CITY-ST-ZIP DELEON SPRINGS FL

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE

5.1 TITLE  Change  Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE

6.1 TITLE  Change  Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

*John Bigelow*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

904-985-4281

Daytime Phone #

CR2E037 (11/98)