FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| | 1998 | DIVISION OF CO | | * * | | Secretary of State | |
|---|---|--|--------------------|---------------------------------|--------------|--|---------------|
| DOCU 1. Corporatio | MENT # 710139 | 9 (7) | | | | | |
| INDEP | ENDENT BIBLE CHURCH, I | NC. | | | | | |
| | | | | | | | |
| Principal Plac | e of Business | Mailing Address | | | | | |
| 3150 US 1 S ST AUGUSTINE US | E FL 32086-6496 | 3150 US 1 SOUTH ST AUGUSTINE FL 32086 US | | | | 3. Date Incorporated or Qualified 12/30/1965 | |
| UO | | US | | | | 4. FEI Number Applied Fo 59-1605751 Not Applie | $\overline{}$ |
| 2. Principal P | face of Business | 2a. Mailing Address | | | | 5. Certificate of Status Desired \$8.75 Additional | |
| 21 Suite Ant | H ala | 26 Suite And # oto | | | | Fee Required | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | |
| City & Stat | е | City & State | | | | 7. Is this nonprofit corporation a homeowners association? | |
| Zip | Country | Zip | Cou | untry | | 8. This corporation owes or has paid the current year Intangible | |
| 24 | 25 | 29 30 | | | | Personal Property Tax due June 30. Yes No | |
| | 9. Name and Address of Curren | nt Registered Agent | | 31 | Namo | 10. Name and Address of New Registered Agent | |
| B | | | | 31 | Name | | - 1 |
| DIMARE, W.FRANK 3545 US 1 SOUTH | | | | 82 | Street A | Address (P.O. Box Number is Not Acceptable) | J |
| | USTINE FL 32086 | | | 83 | | | |
| OI AGG | 00 TINE 1 E 32000 | | | 24 | 0 | lon 7:- Out | |
| | | | | 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 . | | | | | | | |
| 12. | Signature, typed or printed name of registered age OFFICERS AN | | Registere 13. | d Agen | it signature | e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D | DELETE | 1.1 TITLE | | | Change Ado | lition |
| NAME | JOHNS, JR. FRANK | | | 1,2 NAME | | | |
| STREET ADDRESS | 6245 CR 13 SOUTH | | 1.3 STREET ADDRESS | | ADDRESS | | |
| CITY-ST-ZIP | HASTINGS FL | | 1,4 CI | 1,4 CITY-ST-ZIP | | | |
| TITLE | D DELETE | | 2.1 71 | 2.1 TITLE | | Change Ado | lition |
| NAME | SNELL, FRED G | | 2.2 NAME | | | | |
| STREET ADDRESS | 841 C.R. 13 SOUTH | | 1 | 2.3 STREET ADDRESS | | | ļ |
| CITY-ST-ZIP | ST AUGUSTINES, FL 00000 | | | 2.4 CITY-ST-ZIP | | Change L Add | itina |
| TITLE | ST DELETE | | | 3.1 TITLE | | Change Add | ILLON |
| NAME | DIMARE, FRANK | | | 3,2 NAME | | | |
| STREET ADDRESS | 4160 CREEKBLUFF RD. | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP TITLE | ST AUGUSTINE, FL 00000 | | | 3.4. CITY-ST-ZIP 4.1 TITLE | | Change Ado | lition |
| NAME | D LOGAN ERFO | | | | | | |
| STREET ADORESS | Logan, Fred 433 Lobella RD | | | 4. 2 NAME 4.3 STREET ADDRESS | | | - { |
| CITY-ST-ZIP | ST AUGUSTINE FL | | | 4.4 CITY-ST-ZIP | | | - [|
| TITLE | OT AUGUSTINE I E | ☐ DELETE | 5.1 Ti | | <u>دا ا</u> | Change Ado | lition |
| NAME | | | 5.7 N | | | | ĺ |

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)(1), 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 of trustee empowered to execute this report as required by Chapter 677, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attacking the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 677, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attacking the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of the corporation.

6.1 TITLE 6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

C!TY-ST-ZIP

TITLE

NAME STREET ADDRESS

DELETE

Change

Addition

FILED

Feb 04 1998 8:00am