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Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90062 015 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 710139

1. Corporation Name

INDEPENDENT BIBLE CHURCH, INC.

Principal Place of Business

3150 US 1 S
ST AUGUSTINE FL 32086-6486
US

Mailing Address

3150 US 1 SOUTH
ST AUGUSTINE FL 32086
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/30/1965	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1605751	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	Trust Fund Contribution ☐	
24		29		30	

9. Name and Address of Current Registered Agent

DIMARE, W.FRANK
3545 US 1 SOUTH
ST AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

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

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

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

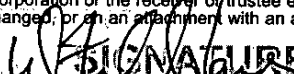
(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHNS, JR. FRANK	1.2 NAME	
STREET ADDRESS	6245 CR 13 SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	HASTINGS FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SNELL, FRED G	2.2 NAME	
STREET ADDRESS	841 C.R. 13 SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINES, FL 00000	2.4 CITY-ST-ZIP	
TITLE	ST ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DIMARE, FRANK	3.2 NAME	
STREET ADDRESS	4160 CREEKBLUFF RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LOGAN, FRED	4.2 NAME	
STREET ADDRESS	433 LOBELLA RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)