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

Principal Place of Business

DOCUMENT #

(8)

Mailing Address

FOREST HILLS BAPTIST CHURCH, INC.

| 2625 SOUTH ST. TITUSVILLE FL 32780 | | | 2625 SOUTH ST. TITUSVILLE FL 32780 | | | | 3. Date Incorporated or Qualified |
|---|---|---------------------------------------|--|---------------------------|------------------------------|---|---|
| THOOVILLE TE | 02 700 | ,,,, | 5001222 12 52700 | | | | 02/15/1966 |
| | | | | | | | 4. FEI Number Applied For |
| A Dringles C | teen of Duologoo | 2a. Mailing Address | | | | 59-2469406 Not Applicable | |
| 2. Principal Place of Business | | | 26 | | | | 5. Certificate of Status Desired |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 6. Election Campaign Financing \$5.00 May Be |
| 22 | | | 27 | | | | Trust Fund Contribution |
| City & State | | | City & State | | | | 7. Is this nonprofit corporation a homeowners association? |
| 23 | | | 28 | | | | ☐ Yes 【X】No |
| Zip | | | | _ | 1 | | 8. This corporation owes or has paid the current year Intangible |
| 24 25 9. Name and Address of Current I | | | | | | | Personal Property Tax due June 30. Yes X No 10. Name and Address of New Registered Agent |
| | 9. Name and Address of | Current Regis | itereu Agent | | 81 | Name | IV. Hame and Address of New Hegistered Agent |
| DAROIE | DARCET ID | | | L | _ | | |
| DARGIE, ROBERT JR. 2615 SOUTH ST. | | | 82 Street Ad | | Street Ad | dress (P.O. Box Number is Not Acceptable) | |
| | LE FL 32780 | | | Ī | 83 | | |
| III GOVIL | LL 1 L 02100 | | | L | | | 85 Zip Code |
| | | | | Ì | 84 | City | |
| 11. Pursuant | to the provisions of Sections 6 | 317.0502 and 6 | 17.1508, Florida Statu | tes, the ab | ove | -named co | orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered |
| office or i | registered agent, or both, in th im familiar with, and accept th | ie State of Fiori ie obligations o | da. Such change was f. Section 617.0503, Fl | autnorized orida Statu | ıtes | the corpor | ration's board of directors. Thereby accept the appointment as registered |
| SIGNATURE | | - · · • | | | | | |
| | Signature, typed or printed name of regi | | | | Ager | nt signature req | quired when reinstating) DATE |
| 12. | | RS AND DIREC | CTORS DELETE | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | P PAROIE PARENT IN | | TT DEFEST | 1.1 111 | | i | Change Addition |
| NAME | DARGIE, ROBERT JR. | | | 1.2 NAI | | 4000000 | |
| STREET ADDRESS | 2615 SOUTH ST. | | | | | ADDRESS | |
| CITY-ST-ZIP | TITUSVILLE FL D | | DELETE | | 1.4 CITY-ST-ZIP 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SOWELL, NICK | | | 2.2 NAI | | 1 | _ • _ |
| STREET ADDRESS | 1333 BONNEAU BLVD | | 2.3 ST/ | | | ADDRESS | |
| CITY-ST-ZIP | CHRISTMAS FL | | | | | T- ZIP | |
| TITLE | D | | DELETE | 3.1 1177 | | | Change Addition |
| NAME | MILLER, MICHAEL | | | 3.2 NA | ME | | |
| STREET ADDRESS | 3435 HÉRON LN. | | | 3.3 STF | REET . | ADDRESS | |
| CMY-ST-ZIP | TITUSVILLE FL | | | 3.4. Cil | ry-s | T-ZIP | |
| TITLE | D | | ☐ DELETE | 4.1 TIT | LE | į | ☐ Change ☐ Addition |
| NAME | HILLIS, JAMES | | | . 4. 2 NA | ME | | |
| STREET ADDRESS | 625 KAREN DR. | | | 4.3 STF | REET . | ADDRESS | |
| CITY-ST-ZIP | TITUSVILLE FL | | | 4.4 CiT | | r-zip | Change Addition |
| TITLE | D | | ☐ DELETE | 5.1 TITE | | | Change Addition |
| NAME | GOLEMON, WILLIAM F. | | | 5.2 NA | | | |
| STREET ADDRESS | 3845 SUMMER TERRAC | Æ | | | | ADDRESS | |
| CITY-ST-ZIP | TITUSVILLE FL | | DELETE | 5.4 CIT 6.1 TITI | | r-ZIP | Change Addition |
| TITLE | D D | | T DETEIG | 6.2 NA | |] | Change radiatif |
| NAME STREET ADDRESS | GIORDANO, JACK 4345 REST AVENUE | | | | | ADDRESS | |
| 1 STREET ADDRESS | I TOTO DEGLI AVENUE | | | ۱اد ډ,ن 🔳 | SECT 1 | NUUNILUU] | |

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.

SIGNATURE:

CITY-ST-ZIP

FILED

Jan 20 1998 8:00am

Secretary of State