


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90036 004 ****70.00

0015164

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

DOCUMENT # 710370
 1. Corporation Name
FOREST HILLS BAPTIST CHURCH, INC.

Principal Place of Business 2625 SOUTH ST. TITUSVILLE FL 32780	Mailing Address 2625 SOUTH ST. TITUSVILLE FL 32780
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/15/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2469406
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DARGIE, ROBERT JR.
2615 SOUTH ST.
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/>
NAME	DARGIE, ROBERT JR.	
STREET ADDRESS	2615 SOUTH ST.	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	SOWELL, NICK	
STREET ADDRESS	1333 BONNEAU BLVD	
CITY-ST-ZIP	CHRISTMAS FL	
TITLE	D	<input type="checkbox"/>
NAME	MILLER, MICHAEL	
STREET ADDRESS	3435 HERON LN.	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/>
NAME	HILLIS, JAMES	
STREET ADDRESS	625 KAREN DR.	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/>
NAME	GOLEMON, WILLIAM F.	
STREET ADDRESS	3845 SUMMER TERRACE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/>
NAME	GIORDANO, JACK	
STREET ADDRESS	4345 BEST AVENUE	
CITY-ST-ZIP	TITUSVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	G. GORDON HOUSER		
2.3 STREET ADDRESS	5750 BROAD ACRES		
2.4 CITY-ST-ZIP	MERRITT ISLAND FL 32953		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: _____ DATE: **1-5-99** DAYTIME PHONE #: **407-248-3727**

CR2E037 (11/98)