

FILE NOW: FILING FEE IS \$61.25

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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720123** (9)

1. Corporation Name

PILGRIM REST FREE WILL BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**1047 N. OHIO AVE.
LAKELAND FL 33805**

**1047 N. OHIO AVE.
LAKELAND FL 33805**

3. Date Incorporated or Qualified

01/25/1971

4. FEI Number

59-2444693

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, KENNETH R
1047 N OHIO AVE
LAKELAND FL 33805**

81 Name **FRANK T. Coleman**

82 Street Address (P.O. Box Number is Not Acceptable)
1047 N OHIO AVE

83

84 City **Lakeland**

FL

85 Zip Code **33805**

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 **2/6/98**

2/6/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PC** ☒ DELETE
NAME **BROWN, KENNETH**
STREET ADDRESS **1047 N OHIO AVE**
CITY-ST-ZIP **LAKELAND FL**

1.1 TITLE **PC** ☐ Change ☒ Addition
1.2 NAME **FRANK T. Coleman**
1.3 STREET ADDRESS **1047 N OHIO AVE**
1.4 CITY-ST-ZIP **Lakeland FL**

TITLE **VT** ☐ DELETE
NAME **WILLIS, EARLINE**
STREET ADDRESS **1047 N OHIO AVE**
CITY-ST-ZIP **LAKELAND FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **BAKER, DAVID**
STREET ADDRESS **1047 N OHIO AVE**
CITY-ST-ZIP **LAKELAND FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **T** ☒ DELETE
NAME **BRANTON, SANDRA**
STREET ADDRESS **1047 N OHIO AVE**
CITY-ST-ZIP **LAKELAND FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **DIANE HICKS**
4.3 STREET ADDRESS **1047 N OHIO AVE**
4.4 CITY-ST-ZIP **Lakeland FL**

TITLE **T** ☐ DELETE
NAME **MELTON, BESSIE**
STREET ADDRESS **1047 N OHIO AVE**
CITY-ST-ZIP **LAKELAND FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **MANFORD L. Hynes, JR.**
5.3 STREET ADDRESS **1047 N OHIO AVE**
5.4 CITY-ST-ZIP **Lakeland FL**

TITLE **S** ☐ DELETE
NAME **HORNE, MARY**
STREET ADDRESS **1047 N OHIO AVE**
CITY-ST-ZIP **LAKELAND FL**

6.1 TITLE ☐ Change ☐ Addition
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.

SIGNATURE: **2/6/98**

2/6/98 (94)682-8647

CR2E037 (1097)