

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **720432**

1. Corporation Name

WEBSTER MEMORIAL BAPTIST CHURCH, INC.

Principal Place of Business

1135 NORTH CHESTNUT RD
LAKELAND FL 33805

Mailing Address

1135 NORTH CHESTNUT RD
LAKELAND FL 33805

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90022 028 ****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/05/1971	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0700569	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

FOSTER, GERALD
2705 W 10TH ST
LAKELAND FL 33805

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	1219 GLADYS AVE	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	LAKELAND FL	2.1 TITLE	2.2 NAME
		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	TD	3.1 TITLE	3.2 NAME
NAME	FOSTER, GERALD	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
STREET ADDRESS	2705 W 10TH STREET		
CITY-ST-ZIP	LAKELAND FL		
TITLE	SD	4.1 TITLE	4.2 NAME
NAME	MIKLAVCIC, SARAH	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
STREET ADDRESS	2710 W BELLA VISTA STREET		
CITY-ST-ZIP	LAKELAND FL		
TITLE		5.1 TITLE	5.2 NAME
NAME		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		6.1 TITLE	6.2 NAME
NAME		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
STREET ADDRESS			
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:

Gerald Foster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/99

Date

941-680-1209

Daytime Phone #

CR2E037 (5/99)