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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721994 (2)

1. Corporation Name

CHOCTAW BEACH FIRST BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
263 PERSIMMON ST ROUTE BOX 128J4 FREEPORT FL 32439 US	263 PERSIMMON ST RT. BOX 128J4 FREEPORT FL 32439 US

3. Date Incorporated or Qualified: 10/03/1971

4. FEI Number: 59-6503118 ☐ 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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

~~TURNER, TRACY~~
~~848 JUNIPER DRIVE~~
~~RT. 1 BOX 128C~~
~~FREEPORT FL 32439~~

10. Name and Address of New Registered Agent

81 Name: Manly McCain
82 Street Address (P.O. Box Number is Not Acceptable): 608 Eastlawn ST
83
84 City: Niceville FL 85 Zip Code: 32578

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: MANLY McCAIN — Manly E McCain — 30 Jan 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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KELLY, MAX A		1.2 NAME		
STREET ADDRESS	14580 HWY. 20 W.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	OVERTON, R. KLARA		2.2 NAME		
STREET ADDRESS	ROUTE ONE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FREEPORT FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BATES, DANIEL W		3.2 NAME		
STREET ADDRESS	RT. 1 BOX 125 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	FREEPORT FL		3.4 CITY-ST-ZIP		
TITLE	~~VD~~	☐ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	~~TURNER, ROBERT~~		4.2 NAME	Harold Barber	
STREET ADDRESS	~~ROUTE 1 BOX 128C~~		4.3 STREET ADDRESS	1504 Pine ST.	
CITY-ST-ZIP	~~FREEPORT FL~~		4.4 CITY-ST-ZIP	Niceville, Fl 32578	
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		

CR2E037 (10/97)

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: [signature] 2-23-98 9078974412