

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90178 025 ****61.25

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DOCUMENT # 722010

1. Corporation Name

FOREST LAKE BIBLE CHURCH, INC.

Principal Place of Business

Mailing Address

1000 37TH ST.
NICEVILLE FL 32578

1000 37TH ST.
NICEVILLE FL 32578



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/04/1971

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1456324

Applied For

Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

Zip

Country

28

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAILHES, FRANK
26 HEMLOCK DRIVE
FT WALTON BEACH FL 32548**

81 Name

LaBrier, Paul

82 Street Address (P.O. Box Number is Not Acceptable)

115 Perdido

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-4-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **TIDWELL, PAT**
CITY-ST-ZIP **2377 CANAL DRIVE**
NICEVILLE, FL 00000

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **DELGADO, HECTOR**
CITY-ST-ZIP **1641 15TH STREET**
NICEVILLE FL

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

TITLE ☒ DELETE
NAME **TD**
STREET ADDRESS **MAILHES, FRANK**
CITY-ST-ZIP **26 HEMLOCK DRIVE**
FT WALTON BEACH FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **TD**
3.3 STREET ADDRESS **LaBrier**
3.4 CITY-ST-ZIP **115 Perdido**
Niceville Fl

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-4-99

850 678-8040

CR2E037 (11/98)