


FILE NOW: FILING FEE IS \$61.25

FILED

Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 732331 (4)					
1. Corporation Name FAITH BAPTIST CHURCH OF LAKE BUTLER, FLORIDA, IN C.					
Principal Place of Business 1200 N.W. 12TH AVE. P.O. BOX 67 LAKE BUTLER FL 32054			Mailing Address 1200 N.W. 12TH AVE. P.O. BOX 67 LAKE BUTLER FL 32054		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/02/1975 4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MCDAVID, TERRY 200 NORTH MARION STREET LAKE CITY FL				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)					
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	TORBERT, WILLIAM E		1.1 TITLE	OFFICER D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	ROUTE 3 BOX 615		1.2 NAME	Wayne Andrews	
CITY-ST-ZIP	LAKE BUTLER, FL 00000		1.3 STREET ADDRESS	Lake Butler, Fl 32054	
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP		
NAME	GOODMAN, JOHNNIE O		2.1 TITLE	OFFICER D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	135 NE 8TH AVE		2.2 NAME	Danny Kent	
CITY-ST-ZIP	LAKE BUTLER, FL 00000		2.3 STREET ADDRESS	Rt 2 Box 189	
TITLE	D	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	Lake Butler, Fl 32054	
NAME	MELTON, OTIS		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3075 CHURCH ST		3.2 NAME		
CITY-ST-ZIP	STARKE, FL 00000		3.3 STREET ADDRESS		
TITLE	D	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP		
NAME	TORBERT, DOROTHY		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	RT 3 BOX 615		4.2 NAME		
CITY-ST-ZIP	LAKE BUTLER, FL 00000		4.3 STREET ADDRESS		
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		
NAME	RAINEY, GAREY		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	RT. 2, BOX 804		5.2 NAME		
CITY-ST-ZIP	LAKE BUTLER FL		5.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
NAME			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			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: *[Signature]*

Feb. 5, 1998

904-496-3384

CR2E037 (10/97)