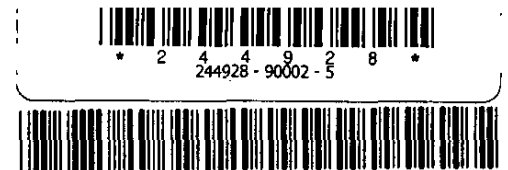


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90002 005 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 736746					
1. Corporation Name SANTA FE RIVER BAPTIST ASSOCIATION, INC.					
Principal Place of Business 2630 NW 39TH AVENUE GAINESVILLE FL 32605-9269			Mailing Address 2630 NW 39TH AVENUE GAINESVILLE FL 32605-9269		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/02/1976	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1704225	
24 Country		29 Country		30 Country	
5. Certificate of Status Desired				☐ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	
6. Election Campaign Financing				☐ Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOWN, AUSE, ESQUIRE 4010 NEWBERRY ROAD, SUITE F PLAZA WEST GAINESVILLE FL 32607				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

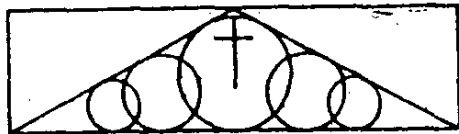
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	☐ DELETE		1.1 TITLE		☐ Change ☐ Addition	
NAME	COLEMAN, PATSY			1.2 NAME			
STREET ADDRESS	2630 N.W. 39TH AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32605			1.4 CITY-ST-ZIP			
TITLE	P	☒ DELETE		2.1 TITLE	VP	☐ Change ☒ Addition	
NAME	DEBUSK, RAY			2.2 NAME	Matchett, Steve		
STREET ADDRESS	2630 NW 39TH AVE			2.3 STREET ADDRESS	3508 NW 19 St		
CITY-ST-ZIP	GAINESVILLE FL			2.4 CITY-ST-ZIP	Gainesville, FL 32605		
TITLE	D	☐ DELETE		3.1 TITLE	P	☒ Change ☐ Addition	
NAME	HUHES, JOHN H			3.2 NAME			
STREET ADDRESS	16913 NM.E. 77TH LANE			3.3 STREET ADDRESS			
CITY-ST-ZIP	HAWTHORNE FL 32640			3.4 CITY-ST-ZIP			
TITLE	T	☐ DELETE		4.1 TITLE		☐ Change ☐ Addition	
NAME	SAPP, BRENDA A			4.2 NAME			
STREET ADDRESS	4200 N.W. 39TH AVENUE			4.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL			4.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		5.1 TITLE		☐ Change ☐ Addition	
NAME	BOYD, ANDREW			5.2 NAME			
STREET ADDRESS	3403 N.W. 13TH STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32609			5.4 CITY-ST-ZIP			
TITLE	D	☒ DELETE		6.1 TITLE	D	☐ Change ☒ Addition	
NAME	MAULDIN, DON			6.2 NAME	Roberts, Carson		
STREET ADDRESS	2902 S.W. 75TH STREET			6.3 STREET ADDRESS	PO Box 241		
CITY-ST-ZIP	GAINESVILLE FL 32607			6.4 CITY-ST-ZIP	Micanopy, FL 32667		

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: *Brenda A. Sapp* **REQUIRED** **Brenda A. Sapp** 18 Jan 99 352-373-5030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



SANTA FE RIVER BAPTIST ASSOCIATION

"Serving North Central Florida"

**2630 N.W. 39th Avenue
Gainesville, Florida 32605-2269**

John A. Parker
Director of Missions

Telephone (352) 373-5030
Fax (352) 373-4654
E-Mail-103111.3656@compuserve.com

January 13, 1999

Document # 736746

These are all new Additions

Mrs. Marsha Lewis (D)
PO Box 90194
High Springs, FL 32643

Mr. Herman Bowers (D)
17015 NE CR 1471
Waldo, FL 32694

Dr. Ken Westbrook (D)
5514 NW 23rd Ave
Gainesville, FL 32606

Mrs. Jerry Jackson (D)
2630 NW 39th Ave
Gainesville, FL 32605