FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name

741088

(9)

HAMMOCK FIRST BAPTIST CHURCH, INC.

1 (BEIT) (ABE AIRST IIFII	MAINT INSEL THE MICH MICH	i minit niner ärni gemer enn:

Principal Place	ncipal Place of Business Mailing Address					
	N OCN SHR DR, PLM. COAST, FL 32307 5328 N OCN SHR DR, PLM. COAST, FL 32307		3. Date Incorporated or Qualified			
PO BOX 792 PO BOX 792 FLGLER BEACH FL 32137-3213 FLGLER BEACH FL 32137-3213				12/21/1977		
LOCEN DENOM	1 1 2 32131 0213	PEGEEN DEAGN TE SEIST-C	2210			4. FEI Number Applied For
						59-1846794 Not Applicable
	ace of Business	2a. Mailing Address				5. Certificate of Status Desired S8.75 Additional
Suite, Apt.	# ato	Suite, Apt. #, etc.				Fee Required 6. Election Campaign Financing \$5.00 May Be
22	w, 610.	27				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State	3	City & State				7. Is this nonprofit corporation a homeowners association?
23		28	0			☐ Yes 🗷 No
Zip	Country	Zip	Cou	Intry	<i>(</i>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
24	25 9. Name and Address of Curre		30	·		10. Name and Address of New Registered Agent
		3		81	Name	
HUTH, F	OGER D			82	Street /	Address (P.O. Box Number is Not Acceptable)
	OCEAN SHORE BLVD				Circuit	Hadrons (F. 70, Day Harrison to Harrison Day
	ustine, fl			83		
PALM C	OAST FL 32137			84	City	85 Zip Code
11 Devotent	to the provisions of Sections 617.05	02 and 617 1509 Florida Statut	oc the at	2014	e-pamed	corporation submits this statement for the nurrose of changing its registered
office or r	egistered agent, or both, in the State	e of Florida. Such change was a	uthorize	d by	the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
1	m familiar with, and accept the oblig	jations of, Section 617.0503, Fig	rida Stat	ute	5.	T .
SIGNATURE _	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE	E. Registered	d Age	ant signature	e required when reinstating) DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 T/I			Change L Addition
NAME	CLENDENIN, BRUCE		1.2 N			
STREET ADDRESS	8 CRAMPTON COURT				ADDRESS	
CITY-ST-ZIP	PALM COAST FL D	X DELETE	1.4 CI 2.1 Ti		ST-ZIP	☐ Change ☒ Addition
NAME	HARPE, HAROLD	ya bearin	2.2 N/			Lois Ross
STREET ADDRESS	1 SWEET BAY DRIVE				ADDRESS	P.O. Box 1173
CITY-ST-ZIP	PALM COAST FL		2.4 C	tTY-	ST-ZIP	Flagler Beach, FL 32136
TITLE	D	□ DELETE	3.1 Ti	TLE		D Change ⊠ Addition
NAME	MICHAEL, JEFF		3.2 N/	AME	- 1	Bill Weeks
STREET ADDRESS	13 DEBRA LANE		1		ADDRESS	251 Senbreeze Drive
CITY-ST-ZIP	PALM COAST FL S	X DELETE	3.4. C		ST-ZIP	Flaglex Beach, FL 32136 LI Change X Addition
TITLE NAME	SCHOBER, LOREEN	Deteri.	4,1 II			JEANNIE LEWIS ,
STREET ADDRESS	6 SWEET BAY DR		1		ADDRESS	93 Woodhaven Drive
CITY-ST-ZIP	PALM COAST FL		4.4 CI		1	Palm Coast, FL 32164
TITLE	P	☐ DELETE	5.1 Ti		-	Change Addition
NAME	Huth, Roger		5.2 N/	AME		FERNNIC LEWIS,
STREET ADDRESS	5918 N. OCEANSHORE BLV	D.	5.3 ST	reet	ADDRESS	93 Woodhaven Drive
CITY-ST-ZIP	PALM COAST FL				ST-ZIP	Palm Coast, FL 32164
TITLE	T	DELETE	6.1 TI		7	Change Addition
NAME.	WINANS, HOMER I		6.2 NA		1	
STREET ADDRESS			1		ADDRESS	
CITY-ST-ZIP	PALM CUAST FL	with this filing door not custify fo	6.4 CI	TY-S	T-ZIP	and in Section 119 07/3/0) Floring Statutes 1 further certify that the information
STREET ADDRESS	2 PORT ECHO LANE PALM COAST FL		6.3 ST	TREET	I	
14. I hereby c	ertify that the information supplied i	with this filing does not qualify fo	or the exe	emp	tion state	ed in Section 119.07(3)(i), Florida Statutes, I further certify that the information

Thereby certify that the information supplied with this highly does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that in 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.

01/19/98