## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749

(2)

FILED
Jan 22 1998 8:00am
Secretary of State

Suite, Apt. #, etc.	ROCK	LEDGE BAPTIS	ST CHURCH,	INC.		i							]
ROCKLEDGE FL 32955  ROCKLE	Principal Pla	ce of Business		Maili	ng Address						(4 B1011 B104 B1011		i
2. Principal Place of Business										11/27/1979 4. FEI Number	— — — — — — — — — — — — — — — — — — —		_
Suite, Apt. #, etc.	2. Principal	Place of Business		2a. M	failing Address					59-2470805			ole
22   City & State   Trust Fund Contribution   Added to Fees   Added to Fees   Added to Fees   Restate   Re	21			26						5. Certificate of Status Desired			
City & State  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Stip  Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  RHODES,DAVID  Stip  St	<del> </del>	, #, etc,	<del></del>									$\neg$	
Zip Country Zip Country B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  RHODES,DAVID 814 PINE SHADOWS AVE. ROCKLEDGE FL 32955  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  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 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	City & Sta	te										$\dashv$	
25 29 30 Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  RHODES,DAVID 814 PINE SHADOWS AVE. ROCKLEDGE FL 32955  82 Street Address (P.O. Box Number is Not Acceptable)  83 Name  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 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, and familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE													$\Box$
9. Name and Address of Current Registered Agent  RHODES,DAVID 814 PINE SHADOWS AVE. ROCKLEDGE FL 32955  82 Street Address (P.O. Box Number is Not Acceptable)  83 Value  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 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, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE	<del></del>				<b>⊢</b> · ⊢			•					
RHODES, DAVID 814 PINE SHADOWS AVE. ROCKLEDGE FL 32955  82 Street Address (P.O. Box Number is Not Acceptable)  83 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 agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE	<u></u> ,		ddress of Curren		ed Agent	1301	Τ						$\dashv$
814 PINE SHADOWS AVE.  ROCKLEDGE FL 32955  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, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE							81	Nan	ne				_
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SIGNATURE								-		F	-L   '		
SIGNATURE	11. Pursuant office or	to the provisions of	Sections 617,0502	and 617. of Florida.	1508, Florida Statu Such change was	ites, the a	bove	-nam	ed corpor	ration submits this statement for the purpos	e of changing	its registere	id
SIGNATURE	agent. I a	am familiar with, and	accept the obliga	tions of, S	ection 617.0503, F	Torida Sta	tutes	3.	o.po.a	To board or directors. Theraby accept the	appointment a	a registered	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE	SIGNATURE	Signature lyped or priple	d name of registered agen	nt and title if an	Old) shearing	TF: Bogisters	d Ace	at eignal	tura required	when rejectation)			_
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	12.						u nge	in signal	icio ioquioo			RS IN 12	
TITLE D DELETE 1.1 TITLE Change Addition	TITLE	. –			DELETE	1.1 Ti	ITLE				☐ Change	Additi	
	NAME	SEAWRIGHT, BILL				1.2 NAME							7,
STREET ADDRESS 458 SEAHORSE LANE 1.3 STREET ADDRESS	STREET ADDRESS		SE LANE	1.3 S			1.3 STREET ADDRESS		s				Š
		<del>                                     </del>	<u>.</u>					T-ZIP			<del> ( )</del>		<u>ۇ</u>
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NAME MANSUR, JOHN 22 NAME													
STREET ADDRESS 4195 SPARROW HAWK RD 2.3 STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 2.4 CITY-ST-ZIP									S				
CITY-ST-ZIP         MELBUURNE FL         2.4 CITY-ST-ZIP           TITLE         S         DELETE         3.1 TITLE         Change         Addition			- L-		DELETE			į-ZP	+		Channe	Additiv	
NAME MILLIGAN, MARTY 3.2 NAME		-	RTY								Change		"
STREET ADDRESS 991 BELLAIRE LANE 3.3 STREET ADDRESS		1						ADDRESS					
CITY-ST-ZIP ROCKLEDGE FL 3.4. CITY-ST-ZIP									<b>"</b>				
TITLE T DELETE 4.1 TITLE Change Addition		T			☐ DELETE						Change	Additio	nc
NAME KENNETH, FREDRICK H. 4.2 NAME	NAME	KENNETH, FR	edrick H.			4. 2 N	AME						
STREET ADDRESS 135 RIVER WOOD DRIVE 4.3 STREET ADDRESS	STREET ADDRESS	135 RIVER WO	OD DRIVE			4,3 \$7	REET A	ADORESS	s				
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STREET ADDRESS 6.3 STREET ADDRESS	i								3				
CITY-ST-ZIP 6.4 CITY-ST-ZIP 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		ertify that the inform	nation supplied with	n this filles	does not qualify f				ted in So	otion 119 07/3Vi). Florido Statutas I furba-	nortific that #5:	informati	

•• I reference of the information supplied with this filling does not quality 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 eath; 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:

ATTIDE AND TYPE OF BRINTED NAME OF SIGNING OFFICER OF DIFFEREN

113 98

407-636-3051

Davime Phone #