FILE NOW: FILING FEE IS $61.25

APPROVED AND FILED
98 JUN 15 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756052 (7)

1. Corporation Name

THE WEST COAST BAPTIST ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1010 W. OLIVE ST. P. O. BOX 8053 (MAIL ADDRESS) LAKELAND FL 33802-5053	1010 W. OLIVE ST. P. O. BOX 8053 (MAIL ADDRESS) LAKELAND FL 33802-5053

3. Date Incorporated or Qualified: 01/27/1981

4. FEI Number: 59-2889170 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

5. Certificate of Status Desired ☐ **$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. 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

JOHNSON, OSCAR JR. REV
2619 - 38TH AVENUE
TAMPA FL 33610

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

-06/16/98--01061--002
*****61.25 *****61.25

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

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	JOHNSON, OSCAR REV	
STREET ADDRESS	2619 38TH AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	ST	☐ DELETE
NAME	BRYANT, EMMA VERONICA	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	☐ DELETE
NAME	HAWKINS, WILBERT (REV)	
STREET ADDRESS	4088 BOOKER STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ DELETE
NAME	TURNER, REV. BRAGG L.	
STREET ADDRESS	1800 18TH AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VD	☐ DELETE
NAME	MILLS, LARRY G REV.	
STREET ADDRESS	5200 WEST SOUTH STREET	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	VD	☐ DELETE
NAME	DAILEY, REV. JOHNNIE	
STREET ADDRESS	1680 18TH STREET	
CITY-ST-ZIP	SARASOTA FL 33580	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

6/15

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: Emma Veronica Bryant Emma Veronica Bryant 5/27/98 (813) ...

CR2E037 (10/97)