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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758930

1. Corporation Name

FORT WHITE BAPTIST CHURCH, INC.

Principal Place of Business

P.O. BOX 187
FORT WHITE FL 32038
US

Mailing Address

P.O. BOX 187
FORT WHITE FL 32038
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/26/1981

4. FEI Number
59-2890901

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

EDWARDS, WILBUR
CORNER OF BRYANT AND EAST WALES STREET
FT. WHITE FL 32038

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

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 PDI ☐ DELETE
NAME DIX, WILLIAM G.
STREET ADDRESS CR ROAD 778 OFF US 27S
CITY-ST-ZIP FORT WHITE FL

TITLE DT ☐ DELETE
NAME FLOYD, EDWARD
STREET ADDRESS COR OF CR 18 & MEMORIAL DRIVE
CITY-ST-ZIP FT WHITE FL

TITLE TD ☐ DELETE
NAME DIX, RUTH
STREET ADDRESS CR 778 OFF US 27S
CITY-ST-ZIP FT. WHITE FL

TITLE SD ☐ DELETE
NAME EDWARDS, LORINE
STREET ADDRESS COR N BRYANT & E. WALES STREET
CITY-ST-ZIP FT. WHITE FL

TITLE DT ☐ DELETE
NAME FOWLER, JANICE
STREET ADDRESS CABOOSE RD
CITY-ST-ZIP FT WHITE FL

TITLE DTR ☐ DELETE
NAME EDWARDS, WILBUR
STREET ADDRESS COR OF N BRYANT & E WALES STREET
CITY-ST-ZIP FT. WHITE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: W. J. DIX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)