## **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 #

(7)

FOWLERS BLUFF BAPTIST CHURCH, INC.						
Principal Plac	e of Business	Mailing Address			BIBER BIBU BEBU DIBUE BIBU 1881	
4310 NW 152 / CHIEFLND FL 3 US		15132 NW 46 LANE CHIEFLND FL 32626 US		3. Date Incorporated or Qualified  09/21/1981  4. FEI NUT APPLICABLE	Applied For Not Applicable	
2. Principal Place of Business 2a.		2a. Mailing Address	·	NOT APPLICABLE	\$8.75 Additional	
21		26		5. Certificate of Status Desired	Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be	
22		City & State		Trust Fund Contribution	Added to Fees	
City & State		28		7. Is this nonprofit corporation a homeowners association?  Yes No		
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	- ' - '	
24	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 81. Name					a Agent	
MYRICK, EARL L. 15132 NW 46 LANE						
CHIEFLND FL 32626						
			84 City	F	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 agen		E: Registered Agent signature requir		IO DIRECTORO IV. 40	
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition	
NAME	TUMMOND, C.D.	T-1 STEELE	103345	D THM MOND	Fall Ottoride Fall Administra	
STREET ADDRESS	RT. 1 BOX N/A		1.3 STREET ADDRESS 15	5677 NW 46 LANE		
CITY-ST-ZIP	CHIEFLND FL			hiefland. FL 32626		
TITLE	VD	▼ DELETE	2.1 TITLE V	D	Change Addition	
NAME	OWEN, LEON		2.2 NAME	and (OU) CA)		
STREET ADDRESS	RT 1 BOX 1037 HWY 347 N/A		2.3 STREET ADDRESS	850 N/W 143 TERRACH	<b>=</b>	
CITY-ST-ZIP	CHIEFLND FL	/	2, 4 CITY-ST-ZIP	hiefland FL 37620	5 /	
TITLE	TD	DELETE	3,1 TITLE	<u> </u>	Change    Addition	
NAME	MYRICK, EARL L.		3,2 NAME	= L. MYRICK		
STREET ADDRESS	RT 1 BOX 1068 DRIFTERS WA	.Υ	3.3 STREET ADDRESS	TIZZ NW HELANE		
CITY-ST-ZIP	CHIEFLND FL		3.4. CITY-ST-ZIP	DEFLOND FL 3262	6	
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE	<del></del>	DELETE	S.1 TITLE	<del></del>	Change Addition	

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 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 attathment, with an address.

6.4 CITY-ST-ZIP

5,2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

**5.3 STREET ADDRESS** 5.4 CITY - ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

**FILED** 

Jan 20 1998 8:00am

Secretary of State