

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90025 016 ****61.25

0011942

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 760110

1. Corporation Name
FOWLERS BLUFF BAPTIST CHURCH, INC.

Principal Place of Business

4310 NW 152 AVE
 CHIEFLND FL 32626
 US

Mailing Address

15132 NW 46 LANE
 CHIEFLND FL 32626
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 P.O. Box 98 Suite, Apt. #, etc.

27 City & State

28 CHIEFLAND, FL

29 Zip Country

30 32644 USA

3. Date Incorporated or Qualified
09/21/1981

4. FEI Number
NOT APPLICABLE

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

MYRICK, EARL L.
15132 NW 46 LANE
CHIEFLND FL 32626

10. Name and Address of New Registered Agent

81 Name
WAYNE WILLIS

82 Street Address (P.O. Box Number is Not Acceptable)
7048 NW 118th Lane

83 City
CHIEFLAND

84 State
FL

85 Zip Code
32626

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 *Wayne Willis*

VD WAYNE WILLIS

2/15/99

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 PD DELETE
 NAME TUMMOND, C.D.
 STREET ADDRESS 15677 NW 46 LANE
 CITY-ST-ZIP CHIEFLND FL 32626

TITLE VD DELETE
 NAME OWEN, LEON
 STREET ADDRESS 6850 NW 143 TERRACE
 CITY-ST-ZIP CHIEFLND FL 32626

TITLE TD DELETE
 NAME MYRICK, EARL L.
 STREET ADDRESS 15132 NW 46 LANE
 CITY-ST-ZIP CHIEFLND FL 32626

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 TD Change Addition
 2.2 NAME OWEN, LEON
 2.3 STREET ADDRESS 6850 NW 143rd Terrace
 2.4 CITY-ST-ZIP CHIEFLAND, FL 32626

3.1 TITLE VD Change Addition
 3.2 NAME WAYNE WILLIS
 3.3 STREET ADDRESS 7048 NW 118th LANE
 3.4 CITY-ST-ZIP CHIEFLAND, FL 32626

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

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: *Wayne Willis* SIGNATURE REQUIRED

2/15/99

352-493-2693

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)