FILE NOW: FILING FEE IS \$61.25

NONPROFIT Mar 16 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (1)ALAFIA BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 222 ALAFIA CHURCH ROAD 222 ALAFIA CHURCH ROAD 3. Date Incorporated or Qualified LITHIA FL 33547 LITHIA FL 33547 02/28/1983 4. FEI Number Applied For 59-2411198 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ Yes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name STYER, JOHN CALVIN Street Address (P.O. Box Number is Not Acceptable) 12407 HWY 674 83 LITHIA FL 33547 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETÉ TITLE 1.1 TITLE ☐ Change ___ Addition STYER, JOHN CALVIN NAME 1,2 NAME 12407 HWY, 674 STREET ADDRESS 1.3 STREET ADDRESS LITHIA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE **DUBOSE, MERRILL ELMOE** NAME 2.2 NAME 401 12TH ST STREET ADDRESS 2.3 STREET ADDRESS WIMAUMA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE ☐ Change MORGAN, ERNEST WILLIAM NAME 3.2 NAME 321 LEWIS RD. STREET ADDRESS 3.3 STREET ADDRESS LITHIA FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE **GREENWOOD, HARDY LEE** NAME 4. 2 NAME 207 CARTER RD. STREET ADDRESS 4.3 STREET ADDRESS LITHIA FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETÉ TITLE Change Addition 5.1 TITLE HISCOCK, CLARENCE B. NAME 5.2 NAME 16915 HWY 39S STREET ADDRESS **5.3 STREET ADDRESS UTHIA FL** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETÉ 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 cath; 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.

OF CHIRD

FILED