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FILED

Feb 06, 1999 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

02-06-1999 90003 029 \*\*\*\*\*61.25

DOCUMENT # 770479

1. Corporation Name

MYRTLE LAKE BAPTIST HOLDING CO.

Principal Place of Business

2017 RIEGLER ROAD  
LAND O LAKES FL 34639

Mailing Address

2017 RIEGLER ROAD  
LAND O LAKES FL 34639



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/29/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2244542	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing	
24		25		Trust Fund Contribution <input type="checkbox"/>	
29		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

WHITE LEON JR  
3150 CASTLE ROCK CIR  
LAND O'LAKES FL 34639

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

*Leon White*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, LEO JR	1.2 NAME	
STREET ADDRESS	3150 CASTLE ROCK CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAND O'LAKES FL 34639	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DELMAR	2.2 NAME	
STREET ADDRESS	PO BOX 858 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAND O'LAKES FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINST, DON	3.2 NAME	
STREET ADDRESS	16130 SAGEBRUSH RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLADSON, BLAINE	4.2 NAME	
STREET ADDRESS	3446 PKWY BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAND O'LAKES FL 34639	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, GEORGE	5.2 NAME	
STREET ADDRESS	23817 LAKE HILLS DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

*Blaine Gladson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

1/11/99

Daytime Phone #

813 9964451

CR2E037 (11/98)