


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90206 017 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N15732

1. Corporation Name
BIG LAKE CHURCH OF CHRIST, INC.

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|-----------------------------------------------------------------------|---------------------------------------------------------------------------|
| Principal Place of Business 1115 SW 3RD AVE OKEECHOBEE FL 34974 | Mailing Address WALKER, JOHN 2438 SE 32ND ST OKEECHOBEE FL 34974 |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------|



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|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 3. Date Incorporated or Qualified 07/03/1986 | 4. FEI Number NOT APPLICABLE Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|

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|--------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|----|-------------|--|
| 9. Name and Address of Current Registered Agent WALKER, JOHN 2438 SE 32ND ST OKEECHOBEE, OKEECHOBEE FL 34974 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 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 | WAGSTER, JAMES | 1.2 NAME | |
| STREET ADDRESS | 502 SW 18TH ST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | OKEECHOBEE FL 34974 | 1.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALKER, JOHN | 2.2 NAME | |
| STREET ADDRESS | 2438 SE 32ND ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | OKEECHOBEE FL 34974 | 2.4 CITY-ST-ZIP | |
| TITLE | VCD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GABHART, VERLIN | 3.2 NAME | |
| STREET ADDRESS | TOWN & COUNTRY MH PK 102 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | OKEECHOBEE FL 34974 | 3.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | QUANN, ROBERT | 4.2 NAME | |
| STREET ADDRESS | 1910 S.W. 5TH AVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | OKEECHOBEE FL 34974 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALKER, MARVIN | 5.2 NAME | |
| STREET ADDRESS | TOWN & COUNTRY MH PK 52A | 5.3 STREET ADDRESS | DECEASED |
| CITY-ST-ZIP | OKEECHOBEE FL 34974 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COMPTON, NORMAN | 6.2 NAME | |
| STREET ADDRESS | 302 NE 8TH AVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | OKEECHOBEE FL 34974 | 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: John H. Walker **REQUIRED** 4-14-99 941-467-1013
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)