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 May 19 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N28997 (7)

1. Corporation Name  
 HILLCREST BAPTIST CHURCH OF MASCOTTE, FLORIDA, INC.



Principal Place of Business  
 215 THOMAS STREET  
 MASCOTTE FL 34753

Mailing Address  
 P.O. BOX 186  
 MASCOTTE FL 34753-0186

3. Date Incorporated or Qualified 10/25/1988  
 3a. Date of Last Report 09/09/1996

|   |                     |  |                                |
|---|---------------------|--|--------------------------------|
| 2. Principal Place of Business  | 2a. Mailing Address | 4. FEI Number  | Applied For                    |
| 21  | 26                  | NOT APPLICABLE   | Not Applicable                 |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc. | 5. Certificate of Status Desired                         | \$8.75 Additional Fee Required |
| 22  | 27                  | <input type="checkbox"/>                                 |                                |
| City & State  | City & State        | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be Added to Fees    |
| 23  | 28                  | <input type="checkbox"/>                                 |                                |
| Zip   | Country             | 29   | 30                             |
| 24  | 25                  | 29   | 30                             |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |

|  |   |
|--|---|
| 9. Name and Address of Current Registered Agent        | 10. Name and Address of New Registered Agent          |
| CREWS, BRADLEY H<br>4210 AG ROAD<br>GROVELAND FL 34736 | 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------------|---|---|
| TITLE                      | D <input type="checkbox"/> DELETE  | 1.1 TITLE   | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | ELDER, KENT                        | 1.2 NAME  | Elder Kent M. JR  |
| STREET ADDRESS             | 2849 EMPIRE CHURCH ROAD            | 1.3 STREET ADDRESS                                    | 4829 Empire Church Road   |
| CITY-ST-ZIP                | GROVELAND FL 34736                 | 1.4 CITY-ST-ZIP                                       | Groveland, FL. 34736  |
| TITLE                      | D <input type="checkbox"/> DELETE  | 2.1 TITLE   | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | BALDWIN, WILLIAM                   | 2.2 NAME  | Baldwin William   |
| STREET ADDRESS             | 150 SUNSET STREET                  | 2.3 STREET ADDRESS                                    | 150 Sunset Street   |
| CITY-ST-ZIP                | GROVELAND FL                       | 2.4 CITY-ST-ZIP                                       | Groveland FL. 34736   |
| TITLE                      | PD <input type="checkbox"/> DELETE | 3.1 TITLE   | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CREWS, BRADLEY                     | 3.2 NAME  | CREWS Bradley   |
| STREET ADDRESS             | 4210 AG ROAD                       | 3.3 STREET ADDRESS                                    | 4210 Ag Road  |
| CITY-ST-ZIP                | GROVELAND FL                       | 3.4 CITY-ST-ZIP                                       | Groveland FL. 34736   |
| TITLE                      | <input type="checkbox"/> DELETE    | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       |                                    | 4.2 NAME  |   |
| STREET ADDRESS             |                                    | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                    | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       |                                    | 5.2 NAME  |   |
| STREET ADDRESS             |                                    | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                    | 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 do 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 for an attachment with an address.

SIGNATURE: *Bradley H. Crews* 5/1/97 (352) 429-3405  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0070890

CR2E037 (9/96)