## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

MIDDLEBURG FL

CITY-ST-ZIP

(4)

BLACK PUND BAPTIST CHURCH, INC.							
Principal Plac	ce of Business	Mailing Address				iloit afokt bibit atott stott offit tot	
3644 OLD JENNINGS RD MIDDLEBURG FL 32068 US		3644 OLD JENNINGS RD MIDDLEBURG FL 32068 US		Date Incorporated or Qualified     10/19/1989     FEI Number	Applied For		
2. Principal Place of Business		2e. Mailing Address		59-1903774  5. Certificate of Status Desired	Not Applicable   \$8.75 Additional   Fee Required		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be		
City & State		City & State		7. Is this nonprofit corporation a home			
Zip	Country	Zip	Countr	y	8. This corporation owes or has paid to	<del></del>	
24	25	20	30	•	Personal Property Tax due June 30.	, , , , , , , , , , , , , , , , , , ,	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regis		
			81	Name V	Valsingha Dougld		
SILCOX, E. W			82	Street Ad	des in ghan, Donald press (P.O. Box Number is Not Acceptable)		
1333 STARLING ROAD			_	4	007 Mustang Roa	d	
MIDDLE	BURG FL 32068		83		9		
			84	City 1	11ddleburg	FL 85 Zip Code 32068	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named co					propration submits this statement for the purp	ose of changing its registered	
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	W. DUNIII	nahan Don	allE.	Walsing			
	Signature, typed or printed name of registered ager	nt and two it applicable (NOTE		ent signature red	•		
12.	OFFICERS AND	D'SIMECTORS  DELETÉ	13.		ADDITIONS/CHANGES TO OFFICER		
NAME	SILCOX, E.W.		1.1 TITLE 1.2 NAME		D Silcox, EN	Change	
STREET ADDRESS	1333 STARLING RD						
CITY-ST-ZIP	MIDDLEBURG FL	<			Same		
TITLE	DT	☐ DELETE	2.1 TITLE		DT	Change Addition	
NAME	WALSINGHAM, DONALD		2.2 NAME	14	Valsingham, Donald	•	
STREET ADDRESS	4007 MUSTANG RD		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIDDLEBURG FL		2.4 CITY-	ST-ZIP	<- Sqm€		
TITLE	D	☐ DELETE	3.1 TITLE	}		Change Addition	
NAME	WEST, VERNON		3.2 NAME				
STREET ADORESS	1382 ALLIE MURRAY ROAD MIDDLEBURG FL		3.3 STREE	· · · I			
CITY-ST-ZIP TITLE	D D	DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP		Change Addition	
NAME	PADGETT, MARCUS	beeck	4.2 NAME	-		C cuango C Managan	
STREET ADDRESS	3850 C R 220			ADDRESS			
CITY-ST-ZIP	MIDDLEBURG FL		4.4 CITY-1				
TITLE	(0)	☐ DELETE	5.1 TITLE	1	) 5	Change Addition	
NAME	GREEN, MARK		5.2 NAME	1	reen, Mark Same	,	
STREET ADDRESS	2789 BLACK CREEK DR.			ADDRESS	,		
CITY - ST - ZIP	MIDDLEBURG FL	<	5.4 CITY-	ST-ZIP	Jame		
TITLE	D	☐ DELETE	61 TITLE			Change Addition	
NAME	CARLSON, LARRY		62 NAME				
STREET ADDRESS	218 N MIMOSA		6.3 STREET	ADDRESS			

14. Thereby 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 trusted 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. (904) 705

SIGNATURE: Wayalel & Walsny how

**FILED** 

Apr 30 1998 8:00am

Secretary of State