FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999	**FLORIDA DEPARTMENT OF STATE** **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State
04-14-1999 90150 028 ****61.25

DOCUMENT # N35413

1. Corporation Name

FIRST BAPTIST CHURCH, GRACEVILLE, FLORIDA, INC.

* 3 3 0 0 8 4 *
330084 - 90150 - 28

Principal Place of Business	Mailing Address
987 8TH AVE P. O. BOX 565 GRACEVILLE FL 32440	987 8TH AVE P. O. BOX 565 GRACEVILLE FL 32440
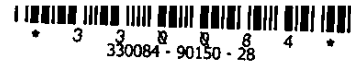
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	**11/29/1989**
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number **59-1285151** — Applied For / Not Applicable
23 City & State	28 City & State	5. Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required
24 Zip / 25 Country	29 Zip / 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FRANKLIN, JOE RT 2 BOX 27 GRACEVILLE FL 32440	81 Name _Lawrence Bryan_ 82 Street Address (P.O. Box Number is Not Acceptable) _1302 11th Ave_ 83 84 City _Graceville_ FL 85 Zip Code _32440_

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 _Lawrence Bryan_   DATE _4-7-99_
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Change	Addition
TITLE **PD** NAME **FRANKLIN, JOE** STREET ADDRESS **RT 2 BOX 27** CITY-ST-ZIP **GRACEVILLE FL 32440**	☑ DELETE	1.1 TITLE **PD** 1.2 NAME Bryan, Lawrence 1.3 STREET ADDRESS 1302 11th Ave. 1.4 CITY-ST-ZIP Graceville, Fl 32440	☐ Change	☑ Addition
TITLE **VD** NAME **CARROLL, FRANK** STREET ADDRESS **5557 BROWN STREET** CITY-ST-ZIP **GRACEVILLE FL 32440**	☑ DELETE	2.1 TITLE **VD** 2.2 NAME Graham, Don 2.3 STREET ADDRESS 5368 Ezell st 2.4 CITY-ST-ZIP Graceville, Fl 32440	☐ Change	☑ Addition
TITLE **SD** NAME **PHILLIPS, CURTIS** STREET ADDRESS **5424 COTTON ST** CITY-ST-ZIP **GRACEVILLE FL**	☑ DELETE	3.1 TITLE **SD** 3.2 NAME Bouton, Richard 3.3 STREET ADDRESS 1047 8th Ave 3.4 CITY-ST-ZIP Graceville, Fl 32440	☐ Change	☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change	☐ Addition

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: _Lawrence Bryan_ **SIGNATURE REQUIRED** _Lawrence Bryan 4-7-99_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (11/98)