

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N49822 (2)**  
 1. Corporation Name  
**MADISON STREET BAPTIST CHURCH**

Principal Place of Business P.O. BOX 328 STARKE FL 32091	Mailing Address P.O. BOX 328 STARKE FL 32091
--	--

3. Date Incorporated or Qualified  
**07/09/1992**

4. FEI Number <b>59-6032858</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
------------------------------------	---	---

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
---	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRIFFIS, CLIFTON**  
**RR 3, BOX 1804**  
**STARKE FL 32091**

81 Name <b>MILLER, TOMMY</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>RR 2 BOX 3045</b>
83
84 City <b>STARKE</b>
85 Zip Code <b>FL 32091</b>

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 Tommy Miller **Tommy Miller, Chairman of Trustees** **4/13/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WOOD, JOSEPH</b>	
STREET ADDRESS	<b>7787 SW CR 18</b>	
CITY-ST-ZIP	<b>HAMPTON FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, TOMMY</b>	
STREET ADDRESS	<b>RR 2, BOX 3045</b>	
CITY-ST-ZIP	<b>STARKE FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GRIFFIS, CLIFF</b>	
STREET ADDRESS	<b>RR3 BOX 1804</b>	
CITY-ST-ZIP	<b>STARKE FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TILLEY, DON</b>	
STREET ADDRESS	<b>831 EDWARDS RD</b>	
CITY-ST-ZIP	<b>STARKE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MATHEWS, BOB</b>	
STREET ADDRESS	<b>1300 PRATT STREET</b>	
CITY-ST-ZIP	<b>STARKE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>TR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>BLALOCK, CHARLES</b>	
1.3 STREET ADDRESS	<b>523 EUCLID ST.</b>	
1.4 CITY-ST-ZIP	<b>STARKE, FL 32091</b>	
2.1 TITLE	<b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MILLER, TOMMY</b>	
2.3 STREET ADDRESS	<b>RR 2 BOX 3045</b>	
2.4 CITY-ST-ZIP	<b>STARKE, FL 32091</b>	
3.1 TITLE	<b>TR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>HODGES, MARK</b>	
3.3 STREET ADDRESS	<b>7803 SW CR 18</b>	
3.4 CITY-ST-ZIP	<b>HAMPTON, FL 32044</b>	
4.1 TITLE	<b>TR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>NEWMANS, DON</b>	
4.3 STREET ADDRESS	<b>P.O. BOX 2136 (N/A)</b>	
4.4 CITY-ST-ZIP	<b>KEYSTONE HGTS., FL 32656</b>	
5.1 TITLE	<b>TR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: Tommy Miller **Tommy Miller, Chairman of Trustees** **4/13/98** (904)964-8650

CR2E037 (10/97)