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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49822

1. Corporation Name

MADISON STREET BAPTIST CHURCH

Principal Place of Business

Mailing Address

~~P.O. BOX 328~~
~~STARKE FL 32091~~

~~P.O. BOX 328~~
~~STARKE FL 32091~~



2. Principal Place of Business

2a. Mailing Address

21 900 W. Madison St.

26 900 W. Madison St.

3. Date Incorporated or Qualified

07/09/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-6032858

Applied For

Not Applicable

22 City & State

27 City & State

23 Starke, FL

28 Starke, FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

29 Zip Country

32091 25 Bradford

32091 30 Bradford

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

**MILLER, TOMMY
RR2 BOX 3045
STARKE FL 32091**

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 *Tommy Miller* **Tommy Miller, Chairman of Trustees**

1/25/99

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 ☐ DELETE
NAME **TR HODGES, MARK**
STREET ADDRESS **7803 SW CR 18**
CITY-ST-ZIP **HAMPTON FL 32044**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **C MILLER, TOMMY**
STREET ADDRESS **RR 2, BOX 3045**
CITY-ST-ZIP **STARKE FL 32091**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TR NEWMANS, DON**
STREET ADDRESS **P.O. BOX 2136 N/A**
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **RR 4 BOX 297**
3.4 CITY-ST-ZIP **STARKE FL 32091**

TITLE ☒ DELETE
NAME **TR MATHEWS, BOB**
STREET ADDRESS **1300 PRATT STREET**
CITY-ST-ZIP **STARKE FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **TR NAZWORTH, LARRY**
4.3 STREET ADDRESS **502 SW 14TH STREET**
4.4 CITY-ST-ZIP **LAKE BUTLER FL 32054**

TITLE ☐ DELETE
NAME **TR BLALOCK, CHARLES**
STREET ADDRESS **523 BUCUD ST.**
CITY-ST-ZIP **STARKE FL 32091**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Tommy Miller* **SIGNATURE REQUIRED** **Tommy Miller** Chairman **1/25/99** (904)964-8650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)