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
Feb 16, 1999 8:00 am
Secretary of State
02-16-1999 90034 007 ****61.25

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DOCUMENT # N94000004314

1. Corporation Name
FIRST BAPTIST CHURCH OF SEVILLE, INC.

Principal Place of Business	Mailing Address
200 NORTH CHURCH ST. SEVILLE FL 32190-0127	P.O.BOX 127 SEVILLE FL 32190

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	08/30/1994
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-2119484 ☐ 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
PURVIS, JAMES E 600 PURVIS RD. SEVILLE FL 32190	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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BOYETTE, GASTON W		1.2 NAME		
STREET ADDRESS	566 TURKEY SHOOT RD P O BOX 86		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEVILLE FL 32190		1.4 CITY-ST-ZIP		
TITLE	TST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MEW, CLAY		2.2 NAME		
STREET ADDRESS	132 PARK DR P O BOX 358		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEVILLE FL 32190		2. 4 CITY-ST-ZIP		
TITLE	TV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GAMBLE, GREG V		3.2 NAME		
STREET ADDRESS	2400 CADE FERNERY RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEVILLE FL		3.4. CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HAYNES, RUSSELL		4. 2 NAME		
STREET ADDRESS	570 RAULERSON RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	SEVILLE FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MEW, LANCE		5.2 NAME		
STREET ADDRESS	235 LAKE GEORGE RD P O BOX 246		5.3 STREET ADDRESS		
CITY-ST-ZIP	SEVILLE FL 32190		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: GASTON W. BOYETTE SIGNATURE REQUIRED Gaston W Boyette 04-8-99 749-4376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #