


FILE NOW: FILING FEE IS \$61.25

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Feb 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000006359 (3)**  
1. Corporation Name

**FIRST BAPTIST CHURCH OF WASHINGTON PARK, INC.**



Principal Place of Business <b>411 GREEN STREET WASHINGTON PARK MOORE HAVEN FL 33471 US</b>	Mailing Address <b>POST OFFICE BOX 245 MOORE HAVEN FL 33471 US</b>
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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
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3. Date Incorporated or Qualified <b>12/29/1994</b>	
4. FEI Number <b>65-0127832</b>	Applied For <input type="checkbox"/> Not Applicable
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 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WATKINS, JOHN J ESQ. 150 S. MAIN ST. LABELLE FL</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>CAMMON, ELIJAH</b>
STREET ADDRESS	<b>717 LEE ST.</b>
CITY-ST-ZIP	<b>MOORE HAVEN FL 33471</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>HAYNES, JAMES</b>
STREET ADDRESS	<b>314 OAK ST.</b>
CITY-ST-ZIP	<b>MOORE HAVEN FL 33471</b>
TITLE	ST <input type="checkbox"/> DELETE
NAME	<b>THOMAS, WILLIE JEAN</b>
STREET ADDRESS	<b>520 ELMWOOD AVE.</b>
CITY-ST-ZIP	<b>MOORE HAVEN FL 33471</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>LANG, ULYSSES</b>
STREET ADDRESS	<b>522 ELMWOOD AVE.</b>
CITY-ST-ZIP	<b>MOORE HAVEN FL 33471</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>HENDRICKS, NANCY</b>
STREET ADDRESS	<b>933 CANAL AVE.</b>
CITY-ST-ZIP	<b>MOORE HAVEN FL 33471</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>THOMAS, CLARENCE</b>
STREET ADDRESS	<b>785 AVE. "B"</b>
CITY-ST-ZIP	<b>MOORE HAVEN FL 33471</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input 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: *Willie Jean Thomas* **Willie Jean Thomas** 1-18-98 (941) 946-0737

CR2E037 (10/97)