

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 11 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 # N97000005016 (7)**  
 1. Corporation Name  
**EAGLE VIEW BAPTIST CHURCH, INC.**



Principal Place of Business <b>690 TROJAN TRAIL TALLAHASSEE FL 32311</b>	Mailing Address <b>P O BOX 2156 TALLAHASSEE FL 32316-2156</b>
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3. Date Incorporated or Qualified <b>09/05/1997</b>		
4. FEI Number <b>59-3471156</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

21. Principal Place of Business <b>Wharf Restaurant</b>	2a. Mailing Address
22. Suite, Apt. #, etc. <b>4141 Apalachee Pkwy</b>	27. Suite, Apt. #, etc.
23. City & State <b>Tallahassee FL</b>	28. City & State
24. Zip <b>32311</b>	25. Country <b>USA</b>
29. Zip	30. 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  
**COXWELL, DENNIS L  
 825 BURNTLEAF LANE  
 TALLAHASSEE FL 32310**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code <b>FL</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>COXWELL, DENNIS L</b>
STREET ADDRESS	<b>825 BURNTLEAF LANE</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32310</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LAWHON, JAMES M</b>
STREET ADDRESS	<b>77 R L MCDONALD RD</b>
CITY-ST-ZIP	<b>CRAFORDVILLE FL 32327</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>VOWELL, CHRISTIAN D</b>
STREET ADDRESS	<b>6522 TWIN LAKES LANE</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	<b>600002523936</b>
6.4 CITY-ST-ZIP	<b>-05/14/98--01098--033</b>
	<b>***61.25</b>

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: \_\_\_\_\_ **4-30-98 (850)877-2812**

CR2E037 (10/97)