

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90008 032 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N97000005016

Corporation Name
EAGLE VIEW BAPTIST CHURCH, INC.

614183-90008-323



Principal Place of Business
0 WHARF RESTAURANT
41 APALACHEE PKWY
TALLAHASSEE FL 32311

Mailing Address
P O BOX 2156
TALLAHASSEE FL 32316-2156

Principal Place of Business 3348 Mahan Drive	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/05/1997
Suite, Apt. #, etc. Unit 3	Suite, Apt. #, etc. 27	4. FEI Number 59-3471156
City & State Tallahassee, Florida	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 32308	Country 25 USA	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name COXWELL, DENNIS L		81 Name	
82 Street Address (P.O. Box Number is Not Acceptable) 825 BURNTLEAF LANE		82 Street Address (P.O. Box Number is Not Acceptable) 1203 Richview Road	
83		83	
84 City Tallahassee		84 City Tallahassee	85 Zip Code FL 32301

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: *Dennis L Coxwell* **Dennis L Coxwell, Director** **8-25-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DELETE <input type="checkbox"/>	D COXWELL, DENNIS L 825 BURNTLEAF LANE TALLAHASSEE FL 32310	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE <input type="checkbox"/>	D LAWHON, JAMES M 77 R L MCDONALD RD CRAFORDVILLE FL 32327	1.2 NAME	
DELETE <input type="checkbox"/>	D VOWELL, CHRISTIAN D 8522 TWIN LAKES LANE TALLAHASSEE FL 32311	1.3 STREET ADDRESS 1203 Richview Road	
DELETE <input type="checkbox"/>		1.4 CITY-ST-ZIP Tallahassee Florida 32301	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE <input type="checkbox"/>		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE <input type="checkbox"/>		2.2 NAME	
DELETE <input type="checkbox"/>		2.3 STREET ADDRESS	
DELETE <input type="checkbox"/>		2.4 CITY-ST-ZIP	
DELETE <input type="checkbox"/>		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE <input type="checkbox"/>		3.2 NAME	
DELETE <input type="checkbox"/>		3.3 STREET ADDRESS	
DELETE <input type="checkbox"/>		3.4 CITY-ST-ZIP	
DELETE <input type="checkbox"/>		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DELETE <input type="checkbox"/>		4.2 NAME Bonnie Roberts	
DELETE <input type="checkbox"/>		4.3 STREET ADDRESS 9352 Boykin Road	
DELETE <input type="checkbox"/>		4.4 CITY-ST-ZIP Tallahassee, FL 32311	
DELETE <input type="checkbox"/>		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE <input type="checkbox"/>		5.2 NAME	
DELETE <input type="checkbox"/>		5.3 STREET ADDRESS	
DELETE <input type="checkbox"/>		5.4 CITY-ST-ZIP	
DELETE <input type="checkbox"/>		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE <input type="checkbox"/>		6.2 NAME	
DELETE <input type="checkbox"/>		6.3 STREET ADDRESS	
DELETE <input type="checkbox"/>		6.4 CITY-ST-ZIP	

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: *Dennis L Coxwell* **SIGNATURE REQUIRED** **8-25-99** **(850) 219-8118**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/99)