

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.**

Principal Place of Business Mailing Address  
**0 WHARF RESTAURANT P O BOX 2156**  
**41 APALACHEE PKWY TALLAHASSEE FL 32316-2156**  
**TALLAHASSEE FL 32311**

614183-90008-323



Principal Place of Business <b>3348 Mahan Drive</b>	2a. Mailing Address <b>26 P O BOX 2156 TALLAHASSEE FL 32316-2156</b>	3. Date Incorporated or Qualified <b>09/05/1997</b>
Suite, Apt. #, etc. <b>Unit 3</b>	27 Suite, Apt. #, etc.	4. FEI Number <b>59-3471156</b>
City & State <b>Tallahassee, Florida</b>	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip <b>32308</b>	25 Country <b>USA</b>	29 Zip <b>30</b>
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

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)  
**1203 Richview Road**  
 83  
 84 City  
**Tallahassee, FL** 85 Zip Code  
**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"/>	<b>D</b> 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"/>	<b>D</b> LAWHON, JAMES M 77 R L MCDONALD RD CRAFORDVILLE FL 32327	1.2 NAME	
DELETE <input type="checkbox"/>	<b>D</b> VOWELL, CHRISTIAN D 8522 TWIN LAKES LANE TALLAHASSEE FL 32311	1.3 STREET ADDRESS	<b>1203 Richview Road</b>
DELETE <input type="checkbox"/>		1.4 CITY-ST-ZIP	<b>Tallahassee Florida 32301</b>
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	<b>Bonnie Roberts</b>
DELETE <input type="checkbox"/>		4.3 STREET ADDRESS	<b>9352 Boykin Road</b>
DELETE <input type="checkbox"/>		4.4 CITY-ST-ZIP	<b>Tallahassee, FL 32311</b>
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)