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FILED
Jan 15 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709914 (6)
1. Corporation Name
ASTATULA BAPTIST CHURCH, INCORPORATED



Principal Place of Business Mailing Address
13239 FLORIDA AVE. P.O. BOX 141
ASTATULA FL 34705 ASTATULA FL 34705
US US

3. Date Incorporated or Qualified

11/12/1965

4. FEI Number

59-6531138

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALBERDING, DON
25829 CR 561
ASTATULA FL 34705

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME DOUG PARLIN
STREET ADDRESS 25020 JEFFERSON STREET
CITY-ST-ZIP ASTATULA FL
TITLE S ☐ DELETE
NAME EASLEY, DONNA
STREET ADDRESS 480 POMELO AVE.
CITY-ST-ZIP TAVARES FL
TITLE T ☐ DELETE
NAME HOPPENSTEDT, CHARLOTTE
STREET ADDRESS 13626 WOODLAND DRIVE
CITY-ST-ZIP ASTATULA, FL 00000
TITLE D ☐ DELETE
NAME ALBERDING, DON
STREET ADDRESS 25829 CR 561
CITY-ST-ZIP ASTATULA, FL 00000
TITLE D ☐ DELETE
NAME HATTO, DON
STREET ADDRESS 17135 FRANKLIN AVE
CITY-ST-ZIP MONTVERDE FL
TITLE D ☐ DELETE
NAME NEWTON, HENRY
STREET ADDRESS 25037 PATRICIA PLACE
CITY-ST-ZIP ASTATULA FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ 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

[Handwritten Signature]

CP2E037 (10/97)