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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737882** (1)

1. Corporation Name

FAITH BAPTIST CHURCH OF WINTER HAVEN, INC.

Principal Place of Business

Mailing Address

**2140 CRYSTAL BEACH RD
WINTER HAVEN FL 33880**

**2140 CRYSTAL BEACH RD
WINTER HAVEN FL 33880**

3. Date Incorporated or Qualified

01/21/1977

4. FEI Number

59-2169854

Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALKER, FRED A
4215 CEDARWOOD ST
WINTER HAVEN FL 33880**

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

FREDA WALKER

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **PENCE, DAVE**
CITY-ST-ZIP **455 MANOR DR
BARTOW FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **BOOTHROYD, OWEN**
CITY-ST-ZIP **631 KINGS LANE SW
WINTER HAVEN FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Chairman, Deacons**
2.3 STREET ADDRESS **Gerry Hill**
2.4 CITY-ST-ZIP **235 St. Rd. 655
Polk City, FL 33868**

TITLE ☐ DELETE
NAME **CD**
STREET ADDRESS **RUTENBAR, HAROLD**
CITY-ST-ZIP **4615 CRESTWICKE DR.
LAKELAND FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Deacon (D)**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **WALKER, FRED A**
CITY-ST-ZIP **4215 CEDARWOOD ST
WINTER HAVEN, FL 00000**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SIMPSON, GARY**
CITY-ST-ZIP **4205 THOMAS WOOD LANE, SW
WINTER HAVEN FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DS**
STREET ADDRESS **VAN HORN, SAMUEL**
CITY-ST-ZIP **193 OAK TREE LANE, SW
WINTER HAVEN FL**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)