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Apr 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> GOVERNOR OF FLORIDA DIVISION OF CORPORATIONS
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DOCUMENT # **N50266** (8)

1. Corporation Name

**ICHETUCKNEE RIVER BAPTIST CHURCH, INC.**

Principal Place of Business

**25811 CR 137  
O'BRIEN FL 32071-9723  
US**

Mailing Address

**25811 CR 137  
O'BRIEN FL 32071-9723  
US**

3. Date Incorporated or Qualified

**08/03/1992**

4. FEI Number

**59-2959122**

Applied For

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

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

**SNIPES, MARVIN  
25811 CR 137  
O'BRIEN FL 32071-9723**

**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

TITLE **D** ☒ DELETE

NAME **CAREY, HERSCHELL**  
STREET ADDRESS **RTE 2, BOX 254-B**  
CITY-ST-ZIP **FT. WHITE FL**

TITLE **D** ☐ DELETE

NAME **REISER, FRANK**  
STREET ADDRESS **RTE 1, BOX 1882**  
CITY-ST-ZIP **O'BRIEN FL**

TITLE **D** ☒ DELETE

NAME **REISER, WILLIAM**  
STREET ADDRESS **RTE 1, BOX 1401**  
CITY-ST-ZIP **O'BRIEN FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **Terry Bosserman**  
1.3 STREET ADDRESS **3339 216th St.**  
1.4 CITY-ST-ZIP **Lake City, FL 32024**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **Sherrell Brooks**  
2.3 STREET ADDRESS **Route 2 Box 4150**  
2.4 CITY-ST-ZIP **Fort White, FL 32038**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **FRANK G REISER**  
3.3 STREET ADDRESS **25058-25th Place**  
3.4 CITY-ST-ZIP **O'BRIEN FL 32091**

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:

*Frank G Reiser*  
*m grow*

*2-10-98 (904) 776-2326*

CR2E037 (10/97)