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**FILED**  
**Jan 25, 1999 8:00am**  
**Secretary of State**

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

01-25-1999 90054 021 \*\*\*\*\*61.25

**DOCUMENT # N10223**

1. Corporation Name

**FIRST FREEWILL BAPTIST CHURCH OF HIGHLAND CITY, INC.**

Principal Place of Business

Mailing Address

5546 4TH STREET S.E.  
 P. O. BOX 308  
 HIGHLAND CITY FL 33846

5546 4TH STREET S.E.  
 P. O. BOX 308  
 HIGHLAND CITY FL 33846



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

06/18/1985

22 City & State

27 City & State

4. FEI Number  
 59-2642304

Applied For  
 Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24

25

29

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARTRAM, JACKIE CHARLES**  
 5506 SOUTHGROVE DR  
 LAKELAND FL 33813

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 PCD  DELETE  
 NAME BARTRAM, JACKIE CHARLES  
 STREET ADDRESS 5506 SOUTHGROVE DR  
 CITY-ST-ZIP LAKELAND FL

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

TITLE VD  DELETE  
 NAME PERRY, LARRY  
 STREET ADDRESS 4131 CEDAR AVE S.E.  
 CITY-ST-ZIP HIGHLAND CITY FL

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME TATE, VERNON S  
 STREET ADDRESS 3613 DALE ST  
 CITY-ST-ZIP LAKELAND FL

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 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, with all other like empowered.

SIGNATURE:

*Jackie Charles Bartram*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-99

941 647 2095

CR2E037 (1/98)