## NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N50266**

## **FILED** Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90026 032 \*\*\*\*61.25

1. Corporation		IVER BAPTIST (	CHURCH	f, INC.									
Principal Place of Business Mailing Address								-		in Seir Britis 200		<b>.</b> (1 <b>.</b> 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1	
25811 CR 137 O'BRIEN FL 32071-9723 US US 25811 CR 137 O'BRIEN FL 32071-9723 US US													
Principal Place of Business 21				2a. Mailing Address				3.	Date Incorporated or Qualifed 08/03/1992				
Suite, Apt.	#, etc.		27	Suite, Apt. #, etc.				4.	FEI Number 59-2958122		No	plied For t Applicable	
City & Stat	te	-	28	City & State				5.	Certifcate of Status Desired	0	\$8.75 A		
Zip	٦	Country 25	29	Zip	Cou	intry		6.	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
<del>'</del>	9. Name	and Address of Cur	rent Regis	stered Agent				10.	Name and Address of New	Registered	Agent		
						81	Name		· · · · · · · · · · · · · · · · · · ·				
SNIPES, 1 25811 CR	MARVIN			·, 45		82	Street Addres	ss (P	O. Box Number is Not Accept	able)			
	FL 32071-9	723				83							
						84	City			. FL	85 Zip (	ode	
11. Pursuant office or r agent. I a	to the provisi registered age am familiar wit	ons of Sections 617.0 ent, or both, in the Sta th, and accept the obl	0502 and 6 ate of Flori ligations of	617.1508, Florida State da. Such change was f, Section 617.0503, F	utes, the a authorized lorida Stati	bove by tutes.	e-named corporation	ration n's bo	submits this statement for the ard of directors. I hereby acce	purpose of pt the appoi	changing its ntment as re	registered gistered	
SIGNATURE	Signature, typed	or printed name of registered				l Agent	t signature required v			DATE	ID DIRECTO	DC (N 12	
12.	Signature, typed	or printed name of registered OFFICERS		ECTORS	13.		t signature required v		DDITIONS/CHANGES TO OF				
12.	Signature, typed	OFFICERS			13.	TLE	t signature required v				ID DIRECTO	RS IN 12	
12. TITLE NAME	T BOSSERM	OFFICERS  IAN, TERRY		ECTORS	13. 1.1 Ti <sup>1</sup> 12 N/	TLE AME			ODITIONS/CHANGES TO OF				
12. ITTLE NAME STREET ADDRESS	T BOSSERM 3339 216	officers IAN, TERRY IH ST.		ECTORS	13. 1.1 TV 12 N/ 1.3 ST	TLE AME TREET	ADDRESS		DDITIONS/CHANGES TO OF				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOSSERM 3339 216 LAKE CIT	OFFICERS  IAN, TERRY		ECTORS  DELETE	13. 1.1 TI 12 N/ 1.3 ST 1.4 CI	TLE AME TREET ITY-ST	ADDRESS		ODITIONS/CHANGES TO OF				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	T BOSSERM 3339 2161 LAKE CIT	OFFICERS MAN, TERRY TH ST. Y FL 32024		ECTORS	13. 1.1 TU 12 N/ 1.3 ST 1.4 CI 2.1 TE	TLE AME TREET TY-ST TLE	ADDRESS		ODITIONS/CHANGES TO OF		Change	Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	T BOSSERM 3339 2161 LAKE CIT D REISER, F	OFFICERS  MAN, TERRY  TH ST.  Y FL 32024  FRANK		ECTORS  DELETE	13. 1.1 TI 12 No 1.3 ST 1.4 CI 2.1 TI 2.2 No	TLE AME IREET ITY-ST TLE AME	ADDRESS		ODITIONS/CHANGES TO OF		Change	Addition	
12TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	T BOSSERM 3339 216 LAKE CIT' D REISER, F 25058-251	OFFICERS  MAN, TERRY  TH ST.  Y FL 32024  FRANK  TH PLACE		ECTORS  DELETE	13. 1.1 TI 12 No 1.3 ST 1.4 CI 2.1 TI 2.2 No 2.3 ST	TLE AME IREET ITY-ST TLE AME	ADDRESS -ZIP		ODITIONS/CHANGES TO OF		Change	Addition	
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOSSERM 3339 2161 LAKE CIT D REISER, F 25058-251 O'BRIEN	OFFICERS  MAN, TERRY  TH ST.  Y FL 32024  FRANK  TH PLACE		ECTORS  ☐ DELETE  ☐ DELETE	13. 1.1 TI 12 Ne 1.3 ST 1.4 CI 2.1 TI 2.2 Ne 2.3 ST 2.4 C	TLE AME ITY-ST TLE AME ITEET AME ITEET ITY-ST TLE	ADDRESS -ZIP		ODITIONS/CHANGES TO OF		☐ Change	☐ Addition	
12TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	T BOSSERM 3339 2161 LAKE CIT D REISER, F 25058-251 O'BRIEN T BROOKS,	OFFICERS  IAN, TERRY IH ST. Y FL 32024  FRANK IH PLACE FL 32071  SHERRELL		ECTORS  ☐ DELETE  ☐ DELETE	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 C 3.1 TI 3.2 NA	TLE AME ITY-ST TLE AME ITY-ST TLE AME ITY-ST	ADDRESS -ZIP		ODITIONS/CHANGES TO OF		☐ Change	☐ Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	T BOSSERM 3339 2161 LAKE CIT D REISER, F 25058-251 O'BRIEN T BROOKS, RT. 2 BO)	OFFICERS  IAN, TERRY IH ST. Y FL 32024  FRANK IH PLACE FL 32071  SHERRELL		DELETE	13. 1.4 TI 1.2 NV 1.3 ST 1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NA 3.3 ST	TLE AME ITY-ST TLE AME ITY-ST TLE AME ITY-ST	ADDRESS T-ZIP  ADDRESS T-ZIP		ODITIONS/CHANGES TO OF		☐ Change	Addition Addition Addition	
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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: