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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763074

1. Corporation Name

MURDOCK BAPTIST CHURCH, INC.

Principal Place of Business
18375 TOLEDO BLVD
PORT CHARLOTTE FL 33948

Mailing Address
P.O. BOX 0484
MURDOCK FL 33938
US



2. Principal Place of Business 21 <u>Above</u> Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 <u>Above</u> Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 04/30/1982 4. FEI Number 59-2147569 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

DENISCH, JOAN R
3277 GABOR ST
PORT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

81 Name BRENDA M. WEBB	82 Street Address (P.O. Box Number is Not Acceptable) 1518 DORCHESTER ST.	83	84 City Port Charlotte, FL	85 Zip Code 33952
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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

Brenda M. Webb

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 NAME STREET ADDRESS CITY-ST-ZIP	D HUNTER, ALAN D 437 HAZEL CIRCLE PUNTA GORDA FL 33982 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERNON, IVOR 3205 PELLAM BLVD PORT CHARLOTTE FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BYRD, CARROLL 341 CAPATOLA STREET PORT CHARLOTTE FL 33948 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR WEBB, IRVING 1518 DORCHESTER STREET PORT CHARLOTTE FL 33952 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DENISCH, JOAN 3277 GABOR STREET PORT CHARLOTTE FL 33948 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	TREASURER BRENDA WEBB 1518 DORCHESTER ST PORT CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BYRD, GIOVANNA 341 CAPATOLA STREET PORT CHARLOTTE FL 33948 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Brenda M. Webb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/99 941 627-6352

CR2E037 (1/98)