FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N19155

1. Corporation Name

INDIANTOWN BAPTIST CHURCH, INC.

Principal Place of Business
15457 SW 150TH STREET
P.O. BOX 396
INDIANTOWN FL 34956-3323
US

2. Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

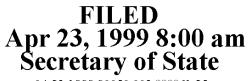
2a. Mailing Address

15457 S.W. 150 STREET P.O. BOX 396 INDIANTOWN FL 34956-3323

Suite, Apt. #, etc.

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3. Date Incorporated or Qualifed

02/10/1987

59-1310764

4. FEI Number

City & Stat	e	City & Stat	t o			5. Certifcate of S	tatus Desired		38.75 A	
3		28	28					Fee Required		
Zip	Zip Country Zip Cou			Country	,	6. Election Camp Trust Fund Co	•		\$5.00	•
4 25 29 30				<u> </u>			Added to Fees			
	9. Name and Address of Current	Registered Agen	<u>nt</u>			10. Name and Ad	dress of New I	Registered /	Agent	
				81	Name					
HERMAN.	, DONALD			82	Street Add	ress (P.O. Box Number	r is Not Accept	able)		
	W. TRAIL CT.					· · · · · · · · · · · · · · · · · · ·				
P.O. BOX	396			83						
	OWN FL 34956			84	City		 		85 Zip C	ode
					1			<u> </u>		
office or r agent. I a	to the provisions of Sections 617.0502 registered agent, or both, in the State or familiar with, and accept the obligation	f Florida. Such cha	ande was autho	orized by	the corporati	poration submits this s ion's board of directors	tatement for the	purpose of pt the appoir	changing its i itment as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NÖTE: Reg	istered Ager	nt signature require	ad when reinstating)		DATE		
12.	OFFICERS AND			13.		ADDITIONS/CH	ANGES TO OF	FICERS AN		
TITLE	D		DELETE	1.1 TITLE			-		Change	Addition
NAME .	HUNTLEY, ROBERT			1.2 NAME						
STREET ADDRESS	25001 SW 86TH ST.(P.O. BOX 2	284)		1.3 STREE	TADDRESS					
CITY-ST-ZIP	INDIANTOWN FL 34956	•		1.4 CITY-S	T-ZIP					
TITLE	VD		DELETE	2.1 TITLE					Change	Additio Additio
NAME	HERMAN, DON			2.2 NAME						
STREET ADDRESS				2.3 STREET	T ADDRESS					•
CITY-ST-ZIP	-INDIANTOWN FL -		_	2. 4 CITY-S	ST-ZIP ~				4 2 4	
TITLE	SD		DELETE	3.1 TITLE					☐ Change	Addition Addition
NAME	LEGERE, MYRTLE			3.2 NAME						
STREET ADDRESS	*****			3.3 STREE	TADDRESS					
CITY-ST-ZIP	INDIANTOWN FL			3.4. CITY- S	ST-ZIP				_	
TITLE	D		DELETE	4.1 TITLE					☐ Change	Additio
NAME :	GOODE, WARREN	•		4. 2 NAME						
STREET ADDRESS				4.3 STREE	TADDRESS					
CITY-ST-ZIP	INDIANTOWN FL			4.4 CITY-S	IT-7IP					
TITLE	T		DELETE	5.1 TITLE					Change	☐ Additio
NAME	GRIGGS, LONNY			5.2 NAME						
STREET ADDRESS				5.3 STREE	TADDRESS					
CITY-ST-ZIP	INDIANTOWN FL 34956			5.4 CITY-S	ST-ZIP					
TITLE^	HEDDING L OTOGO		DELETE	6.1 TITLE					☐ Change	Addition
NAME	1	_		6.2 NAME		•				
				6.3 STREE	TADORESS					
STREET ADDRESS				6.4 CITY-S	1					
CITY-ST-ZIP	certify that the information supplied with				3					

ribucated on this annual report of supplemental annual report is due and accurate and that my signature shall have the same legal effect as it made under oath; that I am are officer or director of the corporation or the receiver or trustee empowered cexcute 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.

HERMAN ZAP99

Applied For

Not Applicable