

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 700251 (2)**  
 1. Corporation Name  
**FIRST BAPTIST CHURCH OF EATON PARK FLORIDA, INC**



Principal Place of Business <b>2633 EATON AVE P.O. BOX 217 EATON PARK FL 33840</b>	Mailing Address <b>2633 EATON AVE P.O. BOX 217 EATON PARK FL 33840</b>
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3. Date Incorporated or Qualified  
**12/28/1959**

4. FEI Number  
**59-1974679**

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

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	29
25	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

**RYALS, RICHARD E  
 2633 EATON AVE  
 P O BOX 217  
 EATON PARK FL 33840**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LEPRIAL, RON</b>	
STREET ADDRESS	<b>2141 DAWN HEIGHTS DRIVE</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>CRUCE, LANNIE</b>	
STREET ADDRESS	<b>3315 TIMBERLINE ROAD W</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PETERSON, DONNA</b>	
STREET ADDRESS	<b>2008 LORI LANE WEST</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	<b>CD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MESSER, JAMES L</b>	
STREET ADDRESS	<b>3045 FLETCHER AVE</b>	
CITY-ST-ZIP	<b>EATON PARK FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SHARPE, WANDA</b>	
STREET ADDRESS	<b>PO BOX 1508</b>	
CITY-ST-ZIP	<b>EATON PARK FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Floyd Aiken</b>	
1.3 STREET ADDRESS	<b>3121 Hutchins St.</b>	
1.4 CITY-ST-ZIP	<b>Eaton Park, FL</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Lea Williams</b>	
3.3 STREET ADDRESS	<b>2711 Maine Ave.</b>	
3.4 CITY-ST-ZIP	<b>Eaton Park, FL</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Lannie Cruce* / Lannie Cruce **2-25-98**

CP2E037 (10/97)