

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

**FILED**  
**May 05 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 700716 (4)**  
 1. Corporation Name  
**FIRST BAPTIST CHURCH OF ELFERS, FLORIDA, INC.**



Principal Place of Business <b>4050 REDLEAF DR PO BOX 98 ELFERS FL 34680</b>	Mailing Address <b>4050 REDLEAF DR PO BOX 98 ELFERS FL 34680</b>
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3. Date Incorporated or Qualified <b>04/04/1960</b>	
4. FEI Number <b>59-1359793</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**HARNES, CLYTEE  
5615 WESSON RD  
NEW PORT RICHEY FL 34655**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCINROY, EDWARD</b>	1.2 NAME	
STREET ADDRESS	<b>3326 W JACKSON DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLIDAY FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>M</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>OFTEDAHL, LEROY</b>	2.2 NAME	<b>Michael Castor</b>
STREET ADDRESS	<b>6822 MILLSTONE DRIVE</b>	2.3 STREET ADDRESS	<b>7445 Abington</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	2.4 CITY-ST-ZIP	<b>New Port Richey, Fl. 34655</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRUZLEWSKI, RITA</b>	3.2 NAME	
STREET ADDRESS	<b>4223 NORCREST LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PT RICHEY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, FRED M.</b>	4.2 NAME	
STREET ADDRESS	<b>4410 CANCELL STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>M</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, THOMAS</b>	5.2 NAME	
STREET ADDRESS	<b>4849 POMPANO DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PT RICHEY, FL 0</b>	5.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARNES, CLYTEE</b>	6.2 NAME	
STREET ADDRESS	<b>5615 WESSON RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	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: *Clytee Harnes* 4/21/98

CFR2037 (1097)