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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700716

1. Corporation Name

FIRST BAPTIST CHURCH OF ELFERS, FLORIDA, INC.

Principal Place of Business

4050 REDLEAF DR
PO BOX 98
ELFERS FL. 34680

Mailing Address

4050 REDLEAF DR
PO BOX 98
ELFERS FL. 34680



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/04/1960

4. FEI Number

59-1359793

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | MCINROY, EDWARD | |
| STREET ADDRESS | 3326 W JACKSON DRIVE | |
| CITY-ST-ZIP | HOLIDAY FL | |
| TITLE | M | <input type="checkbox"/> DELETE |
| NAME | CASTOR, MICHAEL | |
| STREET ADDRESS | 7445 ABINGTON | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34655 | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | GRUZLEWSKI, RITA | |
| STREET ADDRESS | 4223 NORCREST LANE | |
| CITY-ST-ZIP | NEW PT RICHEY FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | JOHNSON, FRED M. | |
| STREET ADDRESS | 4410 CANCEILLE STREET | |
| CITY-ST-ZIP | NEW PORT RICHEY FL | |
| TITLE | M | <input type="checkbox"/> DELETE |
| NAME | BROWN, THOMAS | |
| STREET ADDRESS | 4849 POMPAÑO DR | |
| CITY-ST-ZIP | NEW PT RICHEY, FL 0 | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | HARNES, CLYTEE | |
| STREET ADDRESS | 5615 WESSON RD | |
| CITY-ST-ZIP | NEW PORT RICHEY FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 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, with all other like empowered.

SIGNATURE:

[Signature] MICHAEL CASTOR

1/28/99

227-849-6352

CR2E037 (1/198)