

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 09 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **701157** (0)

1. Corporation Name

**TRUSTEE CORPORATION OF THE PAXTON BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

**PAXTON BAPTIST CHURCH  
21757 HWY 331 N  
PAXTON FL 32538  
US**

**PAXTON BAPTIST CHURCH  
P.O. BOX 1277  
PAXTON FL 32538-1277  
US**



3. Date Incorporated or Qualified

**07/01/1960**

4. FEI Number

**59-2624383**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

|                        |                        |
|------------------------|------------------------|
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State        | 27 City & State        |
| 23 Zip                 | 28 Zip                 |
| 24 Country             | 29 Country             |
| 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

10. Name and Address of New Registered Agent

**BRASWELL, DERRY  
1175 COUNTY RD 285 N.  
DEFUNIAK SPRINGS FL 32433**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>D</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>SCHOFIELD, PAT</b>       |                                 |
| STREET ADDRESS | <b>BOX 414 CATAWBA AVE</b>  |                                 |
| CITY-ST-ZIP    | <b>LOCKHART AL</b>          |                                 |
| TITLE          | <b>P</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>BRASWELL, DERRY</b>      |                                 |
| STREET ADDRESS | <b>1175 CO. RD. 285 N</b>   |                                 |
| CITY-ST-ZIP    | <b>DEFUNIAK SPRINGS FL</b>  |                                 |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>SCHOFIELD, W.H.</b>      |                                 |
| STREET ADDRESS | <b>BOX 414 NA OSAGE ST.</b> |                                 |
| CITY-ST-ZIP    | <b>LOCKHART AL</b>          |                                 |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>SENN, BOBBY J</b>        |                                 |
| STREET ADDRESS | <b>215 DEAN RD</b>          |                                 |
| CITY-ST-ZIP    | <b>DE FUNIAK SPRINGS FL</b> |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

|                    |   |
|--------------------|---|
| 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.

SIGNATURE: *Derry Braswell*

3-1-98

850-834-2121

CR2E037 (1097)