FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # 701220

1. Corporation Name

THE FIRST BAPTIST CHURCH OF FOREST CITY HOLDING COMPANY, INCORPORATED

Principal Place of Business	Mailing Address
721 W. LAKE BRANTLEY RD. ALTAMONTE SPRINGS FL 32714	721 W. LAKE BRANTLEY RD. ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualifed 07/20/1960	
21		**26**			
Suite, Apt. #, etc. **22**		Suite, Apt. #, etc. **27**		4. FEI Number 59-1827387	Applied For / Not Applicable
City & State **23**		City & State **28**		5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip **24**	Country **25**	Zip **29**	Country **30**	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOWARD, GREG 421 WEST LAKE BRANTLEY ROAD ALTAMONTE SPRINGS FL 32714	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

CR2E037 (11/98)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☒ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	MILLS, JACK		1.2 NAME		
STREET ADDRESS	396 NEWTON PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE **Tr**	☒ Change	☐ Addition
NAME	BROWN, JOHN		2.2 NAME		
STREET ADDRESS	127 INGRAM CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE **D**	☒ Change	☐ Addition
NAME	BOGAN, CAROL		3.2 NAME		
STREET ADDRESS	651 W. LAKE BRANTLEY RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE **TD**	☐ Change	☒ Addition
NAME	GRAVETT, VICKIE		4.2 NAME WITTEKIND, ROBERT		
STREET ADDRESS	1190 BUTTONWOOD CR		4.3 STREET ADDRESS 253 PALM PARK CIRCLE, APT 201		
CITY-ST-ZIP	ALTAMONTE SPGS FL		4.4 CITY-ST-ZIP LONGWOOD, FL 32779		
TITLE		☐ DELETE	5.1 TITLE **/D**	☐ Change	☒ Addition
NAME			5.2 NAME MITCHELL, EARLE		
STREET ADDRESS			5.3 STREET ADDRESS 820 WEST LAKE BRANTLEY ROAD		
CITY-ST-ZIP			5.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: _____ ROBERT L. WITTEKIND, TREASURER 1/11/99 (407)774-7967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #