


FILE NOW: FILING FEE IS \$61.25

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Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **702485** (4)

1. Corporation Name

HIGHLAND VIEW BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

4TH ST HIGHLAND VIEW  
301 FOURTH STREET HV  
PORT ST JOE FL 324564TH ST HIGHLAND VIEW  
301 FOURTH STREET HV  
PORT ST JOE FL 32456-1837

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/26/1961</b>		3a. Date of Last Report <b>03/04/1996</b>	
21	<b>382 Ling Street, H.V.</b>	26	<b>310 Ling Street, H.V.</b>	4. FEI Number <b>59-2850857</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
City & State <b>Port St. Joe, Fla.</b>		City & State <b>Port St. Joe, Fl.</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
24	<b>32456</b>	25	<b>Gulf</b>	29	<b>32456</b>	30	<b>Gulf</b>

9. Name and Address of Current Registered Agent

CLARK, JIMMY R  
301 4TH ST HIGHLANDVIEW  
PORT ST JOE FL 32456

10. Name and Address of New Registered Agent

81	Name	<b>Wallace Guillet</b>
82	Street Address (P.O. Box Number is Not Acceptable)	<b>457 Marlin Street</b>
83		
84	City	<b>Port St. Joe FL</b>
85	Zip Code	<b>32456</b>

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 **Wallace Guillet** **Wallace Guillet** **3/30/97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LITTLE, JAMES C.</b>	1.2 NAME	
STREET ADDRESS	<b>411 4TH ST. HIGHLANDVIEW</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PORT ST JOE FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HICKS, SHIRLEY T.</b>	2.2 NAME	<b>Little, Debra J.</b>
STREET ADDRESS	<b>902 TENTH ST</b>	2.3 STREET ADDRESS	<b>613 Garrison Ave.</b>
CITY - ST - ZIP	<b>PORT ST JOE FL</b>	2.4 CITY - ST - ZIP	<b>Port St. Joe, Fl. 32456</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITFIELD, WILLOUGHBY</b>	3.2 NAME	
STREET ADDRESS	<b>419 SECOND ST HV</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PORT ST JOE FL</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: **Debra J. Little** **Debra J. Little** **3/30/97** **(904) 229-6317**  
Signature and typed or printed name of signing officer or director Date Daytime Phone 0010264

CR2E037 (9/96)