

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90083 023 ****61.25

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DOCUMENT # 702485

1. Corporation Name

HIGHLAND VIEW BAPTIST CHURCH, INC.

Principal Place of Business

382 LING STREET. HV
PORT ST JOE FL 32456
US

Mailing Address

310 LING STREET. HV
PORT ST JOE FL 32456
US



2. Principal Place of Business

21 **310 Ling Street**

2a. Mailing Address

26 **382 Ling St.**

3. Date Incorporated or Qualified

05/26/1961

4. FEI Number

59-2850857

Applied For

Not Applicable

City & State

23 **Port St. Joe, FL**

City & State

28 **Port St. Joe, FL**

Zip

24 **32456** 25 **Gulf**

Zip

29 **32456** 30 **Gulf**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GUILLOT, WALLACE
457 MARLIN STREET
PORT ST JOE FL 32456

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 ☐ DELETE
NAME **SD**
STREET ADDRESS **LITTLE, JAMES C.**
CITY-ST-ZIP **411 4TH ST. HIGHLANDVIEW**
PORT ST JOE FL

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **LITTLE, DEBRA J**
CITY-ST-ZIP **613 GARRISON AVE**
PORT ST JOE FL

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **WHITFIELD, WILLOUGHBY**
CITY-ST-ZIP **419 SECOND ST HV**
PORT ST JOE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **426 Ling Street**
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **451 Bonita St.**
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debra J. Little 4-19-99

Date

(850) 227-1306

Daytime Phone #

CR2E037 (11/98)