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May 05 1998 8:00am **NONPROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 702574 (5)FIRST BAPTIST CHURCH OF NORTH PORT, FLORIDA, INC. Principal Place of Business Mailing Address 8000 DOROTHY AVE NORTH PORT FL 34287 **8000 DOROTHY AVE** 3. Date Incorporated or Qualified NORTH PORT FL 34287 06/19/1961 4. FEI Number Applied For 59-1548275 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite Ant # etc. Suite, Apt. #. etc. \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 22 Added to Fees City & State City & State 7. is this nonprofit corporation a homeowners association? **⊠** No 23 28 ☐ Yes Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KING, MILTON 82 Street Address (P.O. Box Number is Not Acceptable) 18519 BLAIR AVE 83 **PORT CHARLOTTE FL 33948** 84 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 hanging 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 tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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MILTON KING

ACRIL 23) 9 9 (10937) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE KING, MILTON NAME 1.2 NAME CPZE037 18519 BLAIR AVE STREET ADDRESS 1.3 STREET ADDRESS PORT CHARLOTTE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP X DELETE 1 Change Addition TITLE 2.1 TITLE CARDINALE, JOE WILLIAMSON, GARY NAME 2.2 NAME 440 JUPER ST 1262 LONA LANE 2.3 STREET ADDRESS STREET ADDRESS ENGLEWOOD PL 34224 PORT CHARLOTTE FI 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE MALLARD, JAMES MAME 3.2 NAME 6344 SCORPIO AVE 3.3 STREET ADDRESS STREET ADDRESS NORTH PORT FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ■ Addition TITLE 4.1 TITLE MARKOVICH, MIKE NAME 4. 2 NAME 441 VENETA AVE 4.3 STREET ADDRESS STREET ADDRESS WARM MINERAL SPRGS F 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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.

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