FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(5)

FILED
Mar 06 1998 8:00am
Secretary of State

IMMANUEL BAPTIST CHURCH OF PACE, FLORIDA, INC.							
Principal Place	e of Business	Mait	ing Address				I (00M) 100M 40M4 (1916 (646) 9M3) (164 80M) 4M3) 4M3) 4M3) 4M3) 4M3)
4187 HWY 90 4187 HWY 90 PACE FL 32571 US US							3. Date Incorporated or Qualified 09/28/1961 4. FEI Number NOT APPLICABLE Applied For Not Applicable
2. Principal Place of Business 21			2a. Mailing Address				Certificate of Status Desired Section
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State	e		City & State				7. Is this nonprofit corporation a homeowners association?
23 Zip	Ze Country Zip		Cou	Country 8 1		This corporation owes or has paid the current year intangible	
24			30	.,		Personal Property Tax due June 30.	
	9. Name and Address of Curr	ent Registe	red Agent		匚		10, Name and Address of New Registered Agent
					B1	Name	
HORN, F	ray Jnnel RD				82	Street Add	dress (P.O. Box Number is Not Acceptable)
PACE FI					63		
					84		FL 85 Zip Code
11. Pursuant i office or re agent. I a	to the provisions of Sections 617.0 registered agent, or both, in the Starm familiar with, and accept the ob-	502 and 617 ate of Florida ligations of, S	.1508, Florida State . Such change was Section 617.0503, F	utes, the a s authorize lorida Sta	bove d by tutes	e-named cor the corpora s.	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered	agent and title if a	applicable (NC	OTE: Registere	d Age	ent signature requ	uired when reinstating) DATE
12.		AND DIRECT		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Ť		DELETE	1.1 TI	TLE		Change Addition
NAME	HORN, RAY			1.2 N	AME	ĺ	
STREET ADDRESS	2760 TUNNEL ROAD			1.3 \$	TREET	ADDRESS	
CITY-ST-ZIP	PACE FL				1.4 CITY-ST-		
TITLE	8		☐ DELETE	2.1 T		•	☐ Change ☐ Addition
NAME	BUTLER, JIMMIE			2.2 N			
STREET ADDRESS	3421 SMYER DR					ADDRESS	
CITY-ST-ZIP	PACE FL		DELETE	2.40 3.1 Ti		ST-ZIP	☐ Change ☐ Addition
TITLE NAME	TR Barrow, David			3.7 N		1	
STREET ADDRESS	5683 TWIN CREEK CIRCLE	:				ADDRESS	
CITY-ST-ZIP	PACE FL	•				ST-ZiP	
TITLE	P		☐ DELETE	4.1 T		×1 = 1	Change Addition
NAME	MESSER, FRANK			4,21	AME		
STREET ADDRESS	268 ROLLING ACRES RD			4.3 S	rreet	ADDRESS	
CITY-ST-ZIP	PACE FL			4.4 C	ITY-S	IT-ZIP	
TITLE	TR		DELETE	5.1 TI	TLE		Change Addition
NAME	BROOKS, BILL			5.2 N	AME		
STREET ADDRESS	5418 HOLLOW OAK LANE			5.3 S	TREET	ADDRESS	
CITY-ST-ZIP	PACE FL			640	T 0	IT-ZIP	
TITLE	INCLIE			3.4 (111-5		
1	TR		DELETE	6.1 TI			Change Addition
NAME	TR JOHNSON, DAVID		DELETE		TLE		☐ Change ☐ Addition
STREET ADDRESS	TR		DELETE	6.1 TI 6.2 N	TLE AME	ADDRESS	☐ Change ☐ Addition

r nereby 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 informatio 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 efficer or director of the corporation or the receiver or trustife empowers 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 or an attachment with an address.

2-25-98