FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT #

THE FIRST BAPTIST CHURCH OF COLEMAN, INC.

FILED May 14 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address									
1512 CENTRAL AVENUE P.O. BOX 421		P.O. BOX 421 1512 CENTRAL AVENUE COLEMAN FL 33521 US		3. Date incorporated or Qualified	·				
				10/04/1961					
COLEMAN FL 33521 US				4. FEI Number	Ap	plied For			
00		•				59-2350251	No	t Applicable	
2. Principal Pi	ace of Business	2a. Mailing Address 26		·		5. Certificate of Status Desired	\$8.75 A Fee Re		
	ulte, Apt. #, etc. Suite, Apt. #, etc.				6. Election Campaign Financing	\$5.00 N			
22 27					Trust Fund Contribution	Added to			
	City & State City & State					7. Is this nonprofit corporation a homeowners association?			
23	Country Zip Co								
Zip	25	 	Country 30			Personal Property Tax due June 30.		No	
24	9. Name and Address of Current		1301			10. Name and Address of New Register			
				81	Name				
HOLDEN	LINDA			-	Chroat Ad	dress (P.O. Box Number is Not Acceptable)			
	HOLDEN, LINDA 4766 CR 118			82	OURBL AD	uless (F.O. DOX NUMBER IS NOT ACCEPTEDIE)			
	OD FL 34785			83					
1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				84	City		85 Zip (Code	
		O TANDO FINIS	451					s registered	
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						guired when reinstating) DA*			
12.	Signature, lyped or printed name of registered ages OFFICERS AND		13.) Agei	nt signature red	ADDITIONS/CHANGES TO OFFICERS		S IN 12	
TITLE	OF TOERS ARE	DELETE	1.1 TI	TLE			☐ Change	Addition	
NAME	HOLDEN, LINDA			ME	1				
STREET ADDRESS	4700 00 440		1.3 \$1	REET	ADDRESS				
CITY-ST-ZIP	WILDWOOD FL			TY-S	T-ZIP				
TITLE			2.1 11	TLE			☐ Change	Addition	
NAME	1 1112		2.2 N	2.2 NAME					
STREET ADDRESS			2.3 \$1	REET	ADDRESS				
CITY-ST-ZIP	COLEMAN FL		2.40	ITY-S	T- ZIP	<u> </u>			
TITLE	D	DELETE	3.1 TI	TLE			☐ Change	☐ Addition	
NAME	COLVIN, FRANK		3.2 N						
STREET ADDRESS	US 301				ADDRESS				
CITY-ST-ZIP					ST-ZIP		Change	Addition	
TITLE			4.1 T/				□ Civilige		
NAME	Childers, Doug		4. 2 N						
STREET ADDRESS	131 3 3 3 3 17 9 47 0 5				ADDRESS				
CITY-ST-ZIP	WITCHOOD, IN OATOU	DELETE 5.11			T-ZIP		☐ Change	Addition	
TITLE			5.1 II						
NAME PYDEET ADODESC	9/19 1/2 91a4 Wannaga				ADDRESS				
STREET ADORESS	1913 3 TE 04005		5.4 C		i i				
CITY-\$1-ZIP TITLE	112 dillou, 12 02100	DELETE	6.1 TI		1-61		☐ Change	Addition	
NAME :		<u> </u>	6.2 N				•		
STREET ADDRESS					ADDRESS				
					T-ZIP				
CITY-ST-ZIP		the state dilines along most grouplify the				in Section 119 07(3)(i) Florida Statutes furthe	r certify that the	Information	

Thereby certify triat the information supplied with this hing does not qualify for the exemption stated in Section 19.07(3)(), Florida Statutes. Truffied certify that find accurate and that my signature shall have the same legal effect as if made under oath; that fam 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.