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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 703177

1. Corporation Name

FIRST BAPTIST CHURCH OF INVERNESS, INC.

Principal Place of Business

123 SOUTH SEMINOLE AVENUE
INVERNESS FL 34452-4735
US

Mailing Address

123 SOUTH SEMINOLE AVENUE
INVERNESS FL 34452-4735
US

4 6 6 7 1 6 *
466716 - 90067 - 29



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

28 Suite, Apt. #, etc.

27 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

11/13/1961

4. FEI Number

59-1265586

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ADKINS, CHARLES B
501 WHISPERING PINES BLVD
INVERNESS FL 34453

10. Name and Address of New Registered Agent

81 Name GEORGE B. RADFORD
82 Street Address (P.O. Box Number is Not Acceptable) 910 N. SABAL PALM WAY
83
84 City INVERNESS FL 85 Zip Code 34453

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: George B. Radford GEORGE B RADFORD
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

APRIL 27 1999
DATE

12. OFFICERS AND DIRECTORS

TITLE S DELETE
NAME DAVIS, CAROL B
STREET ADDRESS BOX 454 MOCASSIN S
CITY-ST-ZIP INVERNESS, FL 00000
TITLE D DELETE
NAME JORDAN, CLARICE
STREET ADDRESS 1860 E MANDARIN TERRACE
CITY-ST-ZIP INVERNESS, FL 00000 34450
TITLE V DELETE
NAME SULLIVAN, JOHN D
STREET ADDRESS 808 W DAMPIER
CITY-ST-ZIP INVERNESS FL 34450
TITLE P DELETE
NAME ADKINS, CHARLES B
STREET ADDRESS 501 WHISPERING PINES BLVD
CITY-ST-ZIP INVERNESS FL 34453
TITLE D DELETE
NAME BRECKENRIDGE, OGDEN
STREET ADDRESS 309 HEMLOCK
CITY-ST-ZIP INVERNESS, FL 00000 34452
TITLE D DELETE
NAME LOOMIS, HOMER
STREET ADDRESS HUNTING LODGE DR
CITY-ST-ZIP INVERNESS, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
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
3.4 CITY-ST-ZIP
4.1 TITLE P Change Addition
4.2 NAME RADFORD, GEORGE B
4.3 STREET ADDRESS 910 N Sabal Palm Way
4.4 CITY-ST-ZIP INVERNESS FL 34453
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: George B. Radford SIGNATURE REQUIRED GEORGE B RADFORD APRIL 27 1999 726 1252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)