

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **703642** (9)

1. Corporation Name

**MILTANA BAPTIST CHURCH INC**



Principal Place of Business <b>4735 LANTANA ROAD LAKE WORTH FL 33463-6911</b>		Mailing Address <b>4735 LANTANA ROAD LAKE WORTH FL 33463-6911</b>		3. Date Incorporated or Qualified <b>02/26/1962</b>	
				4. FEI Number <b>59-2298730</b>	
				Applied For Not Applicable	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
22 City & State		27 City & State		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23 Zip		28 Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No <b>N/A</b>	
Country		Country			
24		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COOK, CANDACE C  
5061 CANAL DRIVE  
LAKE WORTH FL 33463**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUPREY, DEBORAH</b>	1.2 NAME	
STREET ADDRESS	<b>1032 WEST JENNINGS ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LANTANA FL</b>	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURNETT, MRS PAULINE</b>	2.2 NAME	
STREET ADDRESS	<b>5797 RANCHES ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOK, JOHN</b>	3.2 NAME	
STREET ADDRESS	<b>5061 CANAL DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MC GEE, EUGENE</b>	4.2 NAME	
STREET ADDRESS	<b>5182 QUACHITA DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TEETER, GARY W.</b>	5.2 NAME	
STREET ADDRESS	<b>5713 PRISCILLA LN</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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.

SIGNATURE: **TEETER**

4/8/98

(work #) **6424**  
**561-439-5048**  
Daytime Phone # 0044214

CR2E037 (10/97)