

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 703712 (0)
1. Corporation Name
THE FIRST BAPTIST CHURCH OF APOLLO BEACH, INC.



| | |
|---|--|
| Principal Place of Business 202 FLAMINGO DR APOLLO BEACH FL 33572 | Mailing Address 202 FLAMINGO DR. APOLLO BEACH FL 33572 |
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|---|---|
| 3. Date Incorporated or Qualified 03/13/1962 | |
| 4. FEI Number 36-2154972 | Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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|--|--|
| 21. Principal Place of Business Suite, Apt. #, etc. | 22. Mailing Address Suite, Apt. #, etc. |
| 23. City & State | 24. City & State |
| 25. Zip | 26. Country |
| 27. Zip | 28. Country |

9. Name and Address of Current Registered Agent
**GROVES, NORMAN J.
6305 FAIRFIELD LANE
APOLLO BEACH FL 33570**

| | |
|---|------------------------------|
| 81. Name Arthur E. Turner | |
| 82. Street Address (P.O. Box Number is Not Acceptable) 605 Apollo Beach Blvd. | |
| 83. City Apollo Beach | |
| 84. State FL | 85. Zip Code 33572 |

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: Arthur E. Turner **ARTHUR E. TURNER** DATE: **2/10/98**

| 12. OFFICERS AND DIRECTORS | | DELETE |
|----------------------------|------------------------------|-------------------------------------|
| TITLE | P | <input checked="" type="checkbox"/> |
| NAME | GROVES, NORMAN J | |
| STREET ADDRESS | 6305 FAIRFIELD LANE | |
| CITY-ST-ZIP | APOLLO BEACH FL | |
| TITLE | D | <input type="checkbox"/> |
| NAME | EGGLETON, CHARLES | |
| STREET ADDRESS | 1715 COCO PALM CIRCLE | |
| CITY-ST-ZIP | SUN CITY CENTER FL | |
| TITLE | D | <input type="checkbox"/> |
| NAME | HARRIER, WILLIAM | |
| STREET ADDRESS | 1208 110TH ST EAST | |
| CITY-ST-ZIP | BRADENTON FL | |
| TITLE | D | <input type="checkbox"/> |
| NAME | GAMBRELL, ROBERT E | |
| STREET ADDRESS | 6013 FLORIDA CIR S | |
| CITY-ST-ZIP | APOLLO BCH FL | |
| TITLE | D | <input checked="" type="checkbox"/> |
| NAME | GEORGE, ROBERT | |
| STREET ADDRESS | 504 GOLF N SEA BLVD | |
| CITY-ST-ZIP | APOLLO BCH FL | |
| TITLE | D | <input type="checkbox"/> |
| NAME | KRAUSE, RON | |
| STREET ADDRESS | 11825 CEDARFIELD DR | |
| CITY-ST-ZIP | RIVERVIEW FL | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|--|--------------------------|-------------------------------------|
| 1.1 TITLE | Pastor | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1.2 NAME | Arthur E. Turner | | |
| 1.3 STREET ADDRESS | 605 Apollo Beach Blvd. Apollo Beach, FL 33572 | | |
| 1.4 CITY-ST-ZIP | | | |
| 2.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.

SIGNATURE: Robert E. Gambrell **Robert E. Gambrell** DATE: **1-20-98** (813) 645-6218

CR2E037 (10/97)