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

DOCUMENT #

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

(5)

FIRST RAPTIST CHILIPCH OF ROMITA SPRINGS, INC.

Mar 11 1998 8:00am Secretary of State

THOSE DAY NOT CHOROLI OF DOMINA SEMINAGO, INC.												
P	rincipal Place	of Busines	s	Mailing Ad	Mailing Address				n kokati abasa darah danah 1018a katan 1967 bahar da	812 A1811 B1811 81811 81811	1 1895	
	M40 MANGO Onita Sprinc S				28440 MANGO DR. BONITA SPRINGS FL 33823				3. Date Incorporated or Qualified 11/13/1962 4. FEI Number 59-1085751	Applied Not Appl		
2.	Principal Place of Business			2a. Mailing	2s. Mailing Address					\$8.75 Additio		
21				26				Dr.L	5. Certificate of Status Desired	Fee Required		
22	Suite, Apt. (#, etc.		27	Sulte, Apt. #, etc.				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
23	City & State			28 BO	City & State Springs			i	7. Is this nonprofit corporation a homeowners association? Yes No			
24	Zip		Country 25	Zip 29 34	134 3	Country 0	, ,			☐ Yes ☐ No	le	
		9. Name	and Address of Curr	ent Registered A	gent	81	Name		10. Name and Address of New Registered	Agent		
WILDER, JAMES 4575 KEY LARGO LANE						82	82 Street Address (P.O. Box Number is Not Acceptable)					
BONITA SPRINGS FL 34134						83						
							City		FL	85 Zip Code		
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				FFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 1	12	
Ti	TLE	PT			DELETE	1.1 TITLE				Change /	Addition	
N/	ME	WILDER	i, JIM			1.2 NAME	1					
S1	TREET ADDRESS 4575 LARGO LANE				·		1.3 STREET ADDRESS		(0)	المحدادها	.	
CI	TY-ST-ZIP BONITA SPGS. FL				1			(ZIP) <u>34134</u>				
TI	TLE	TD			DELETE	2.1 TITLE	Ī	D		L_ Change M	Addition	
l	ME	WILDER				2.2 NAME		Çi	owe kaymond	· .		
1 -	REET ADDRESS		EY LARGO LANE			ľ	T ADDRESS	4	rowe, Raymond 751 fennsylvania Ave Onita Springs, FL	•		
	TY-ST-ZIP		SPRINGS FL		DELETE	2. 4 CITY-	ST-ZIP	50	orlita Springs, FC	Change []	Addition	
	TLE	D	RD. ERNEST		☐ OELETE	3.1 TITLE 3.2 NAME			-	A Cusulte	AUGRION	
'-	REET ADDRESS		MORGAN RD				T ADDRESS					
1	TY-ST-ZIP		NONGAN NO SPGS. FL			3.4. CITY-	i i		(zīp)	34136	<u>-</u>	
_	TLE	D	1 01 00.1 E		DELETE	4.1 TITLE	J1-211	Ь		Change K	Addition	
	AME	•	DARRYL			4. 2 NAME	. 	Car	nobell, Rick 301 Jef-Nik Ln.			
S	REET ADDRESS		ANGELO BLVD			4.3 STREE	T ADDRESS	ĬŎ:	301 Jef-Nik Ln.		_	
1	TY-ST-ZIP		RS FL 33912			4.4 CITY -	ST-ZIP	В		34135		
	TLE				DELETE	5.1 TITLE				Change /	Addition	
I						C D MILLIC						

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 of 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 of Juster empowered to execute this report as required by Chapter 617, Florida Statutes; and that my pame appears in Block 12 or Block 13 if changed, or on an attachmost with an appears.

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

Change