

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90081 019 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 705556 (9) 1. Corporation Name THE FIRST BAPTIST CHURCH OF COTTAGE HILL, FLORIDA, INC.			
Principal Place of Business 230 Williams Ditch Road Cantonment, Florida 32533		Mailing Address 230 Williams Ditch Road Cantonment, Florida 32533	

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	05/03/1963
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2327311
24 Country	29 Country	Applied For
	30 Country	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

9. Name and Address of Current Registered Agent ENFINGER, FILMORE L 1571 GLENNA LANE CANTONMENT, FLORIDA 32533				10. Name and Address of New Registered Agent 81 Name ENFINGER, RANDY 82 Street Address (P.O. Box Number is Not Acceptable) 6675 CHESTNUT 83 MOLINO, FLORIDA 32577 84 City MOLINO FL 85 Zip Code 32577			
---	--	--	--	---	--	--	--

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 *Randy Enfinger* MARCH 10, 1999
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	PD	CLARK CHILDRESS	<input type="checkbox"/> DELETE	1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		OLD CHEMSTRAND ROAD		2 NAME			
STREET ADDRESS		GONZALEZ, FL 32560		13 STREET ADDRESS			
CITY-ST-ZIP				14 CITY-ST-ZIP			
TITLE	D	ROBERTSON, WILLIAM	<input type="checkbox"/> DELETE	21 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		1426 MCKENZIE ROAL		22 NAME			
STREET ADDRESS		CANTONMENT, FLORIDA 32533		23 STREET ADDRESS			
CITY-ST-ZIP				24 CITY-ST-ZIP			
TITLE	D	STEELEY, VERNEDA	<input checked="" type="checkbox"/> DELETE	31 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		2450 EASTMAN		32 NAME	PALMER, WAYNE		
STREET ADDRESS		CANTONMENT, FLORIDA 32533		33 STREET ADDRESS	2449 CROCKETT ROAD		
CITY-ST-ZIP				34 CITY-ST-ZIP	CANTONMENT, FLORIDA 32533		
TITLE	D	BANE, BOBBY JOE	<input type="checkbox"/> DELETE	41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		2508 ELNA ROAD		42 NAME			
STREET ADDRESS		CANTONMENT, FLORIDA #		43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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: *Clark Childress* Clark Childress 2-23-99 904-968-2357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)