### 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 #

## THE FIRST BAPTIST CHURCH, MARY ESTHER, FLORIDA.

#### Principal Place of Business Mailing Address 28 NORTH STREET 28 NORTH STREET 3. Date Incorporated or Qualified P.O. BOX 184 P.O. BOX 184 05/22/1963 MARY ESTHER FL 32569 MARY ESTHER FL 32569 Applied For 59-1696431 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 21 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 26 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **NISWANDER, CARL** 82 Street Address (P.O. Box Number is Not Acceptable) 336 KATHLEEN PLACE 83 FT. WALTON BEACH FL 32548 84 City 85 Zip Code

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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Floride 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 life if app	leable (NOTE	Registered Agent signature re	cultad when something	DATE	
12.	OFFICERS AND DIRECTOR	13. ADDITIONS/CHANGES TO OFFIC				
TITLE	D	DELETE	1.1 TITLE	7.007110.1070117.11000	Change	Addition
NAME	METZ, KARL	<b>—</b>	1.2 NAME	•		_
STREET ADDRESS	513 POCAHONTAS DRIVE		1.3 STREET ADDRESS			
1	FT. WALTON BEACH FL					
CITY-ST-ZIP TITLE	SD SD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change	Addition
NAME	WENTWORTH, MARILYN	occen	2.2 NAME			
STREET ADDRESS	241 S LORRAINE DRIVE		2.3 STREET ADDRESS			
	MARY ESTHER FL					
CITY-ST-ZIP		DELETE	2.4 CITY-ST-ZIP		Change	Addition
TITLE	O ANGUIANDED CADI	☐ pttteit	************		Change	
NAME	NISWANDER, CARL		3.2 NAME			
STREET ADDRESS	336 KATHLEEN PLACE		3.3 STREET ADDRESS			
CITY-ST-ZIP	FT WALTON BCH FL	D because	3.4. CITY-ST-ZIP		T 0	4.429/2-
TITLE	PD	DELETE	4.1 TITLE		☐ Change	Addition
NAME	BALE, CURTIS		4. 2 NAME			
STREET ADORESS	620 Stonehenge Drive		4.3 STREET ADDRESS			
CITY-ST-ZIP	MARY ESTHER FL		4.4 CITY-ST-ZIP			
TITLE	SD	DELETE	5.1 TITLE		Change	☐ Addition
NAME	reavis, wendy		5.2 NAME			
STREET ADDRESS	133 NEWCASTLE CR.		5.3 STREET ADDRESS			
CITY-ST-ZIP	FT. WALTON BEACH FL		5.4 CITY - ST - ZIP			
TITLE	VO	DELETE	6.1 TITLE		☐ Change	Addition
NAME	PENDER, JAMES		6.2 NAME			
STREET ADDRESS	422 FLEETWOOD DR		6.3 STREET ADDRESS			
	MADY ESTLED EI		0.4.00704.07.780			

14. I hereby certify that the information supplied with the filling 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 arrival 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 employered 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 attagrament with arrival trust.

SIGNATURE:

826566

**FILED** 

Feb 17 1998 8:00am

Secretary of State