


**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90068 023 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
---	---	---

**DOCUMENT # 707771**

1. Corporation Name

**THE FIRST BAPTIST CHURCH OF DOVER, INC.**

Principal Place of Business

 3223 N. GALLAGHER RD.  
 DOVER FL 33527  
 US

Mailing Address

 3223 N. GALLAGHER RD.  
 DOVER FL 33527  
 US


2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	09/08/1964
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-0794392
24 Country	29 Country	5. Certificate of Status Desired <input type="checkbox"/>
	30	\$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

 WOOTEN, STEVE  
 2101 W SANDALWOOD DR N  
 PLANT CITY FL 33568

10. Name and Address of New Registered Agent

 81 Name Glenn Schneider  
 82 Street Address (P.O. Box Number is Not Acceptable)  
2011 Kiser Dr.  
 83  
 84 City Valrico FL 85 Zip Code 33594

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



(Typed Name of Registered Agent Signature Required when Reinstating)

4/22/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKENS, RICHARD	1.2 NAME	Rodney English
STREET ADDRESS	1526 RANCHERD LANE	1.3 STREET ADDRESS	14029 Gavin Rd.
CITY-ST-ZIP	PLANT CITY FL 45	1.4 CITY-ST-ZIP	Dover, FL 33527
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, CARL	2.2 NAME	Jerry Crosby
STREET ADDRESS	3307 N GALLAGHER RD	2.3 STREET ADDRESS	2702 N. Dover Rd.
CITY-ST-ZIP	DOVER FL	2.4 CITY-ST-ZIP	Dover, FL 33527
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, STEVE	3.2 NAME	David Montgomery
STREET ADDRESS	11204 LAKE SASSA DR	3.3 STREET ADDRESS	611 Beverlu Dr.
CITY-ST-ZIP	THONOTOSASSA FL 36	3.4 CITY-ST-ZIP	Brandon, FL 33510
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

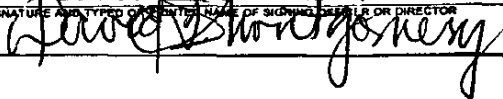
SIGNATURE:

**SIGNATURE REQUIRED**

5-26-99

813-689-9107

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR



Date

Daytime Phone #

CR2E037 (1/98)