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Apr 13, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 708711

1. Corporation Name

FIRST BAPTIST CHURCH OF AUBURNDALE, FLORIDA, INC

Principal Place of Business

300 S. MAIN ST.  
P O BOX 367 (338230367)  
AUBURNDALE FL 33823-1102  
US

Mailing Address

300 S. MAIN ST.  
P O BOX 367 (338230367)  
AUBURNDALE FL 33823-1102  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/26/1965	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0637835	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

CHESSER, JOHN  
204 LAKE DALE DR  
AUBURNDALE FL 33823

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL
85	Zip Code	

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

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	TD <input type="checkbox"/> DELETE	1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERNET, ROBERT E	1.2 NAME	ERNST, ROBERT E.
STREET ADDRESS	101 LAKEVIEW DRIVE	1.3 STREET ADDRESS	101 Lakeview Drive
CITY-ST-ZIP	AUBURNDALE FL 33823	1.4 CITY-ST-ZIP	Auburndale, Fl 33823
TITLE	PCD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHESSER, JOHN	2.2 NAME	
STREET ADDRESS	204 LAKE DALE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUERSACHS, BOB	3.2 NAME	BAUERSACHS, BOB
STREET ADDRESS	2015 SHORELAND DR	3.3 STREET ADDRESS	413 Southhampton Blvd.
CITY-ST-ZIP	AUBURNDALE FL	3.4 CITY-ST-ZIP	Auburndale, Fl 33823
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLSTON, KAREN	4.2 NAME	SHIRLEY AGRELLA
STREET ADDRESS	1707 BRYAN LANE	4.3 STREET ADDRESS	1210 Patti Lane
CITY-ST-ZIP	AUBURNDALE FL	4.4 CITY-ST-ZIP	Auburndale, Fl 33823
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JOHN CHESSER, BOB

Date

Daytime Phone #

4-7-99 941-967-

CR2E037-(11/98)