FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

TITLE

NAME

TITLE

NAME

TOTALE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-Z/P

CITY-ST-ZIP

MCDUGALD, CHARLES S.

16920 NW 203 RD ST

OKEECHOBEE FL

709920

(3)

DELETE

☐ DELETE

☐ DELETE

■ DELETE

FIRST BAPTIST CHURCH OF BASINGER, FLORIDA, INC.

Principal Place of Business Mailing Address				,	I SUBSIST FOR IT ORISIN TO IT IN THE STREET OF DESIGNATION OF STREET OF STREET OF STREET	\$1811 B1844 B1811 B4841 1881	
19636 HWY 98 N. 19636 HWY 98 N.					3. Date Incorporated or Qualified		
OKEECHOBEE FL 34972 OKE		OKEECHOBEE FL 34	DKEECHOBEE FL 34972		11/15/1965		
					4- FEI Number	Applied For	
					65-0030017	Not Applicable	
2. Principal Place of Business 28. Mailing A			Address		5. Certificate of Status Desired	\$8.75 Additional	
21 Suite, Apt.	th ele	26 Suite Ant # etc	Suite, Apt. #, etc.			Fee Required	
22	w, etc.	27 State, Apr. #, etc	_		6. Election Campalgn Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & Stat	ie	City & State			7. Is this nonprofit corporation a homeowners		
23		28	•				
Zip	Country	Zip	Zip Cot		8. This corporation owes or has paid the curre	nt year Intangible	
24	25	29	1==1			Yes 💹 No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
CONFIN III TOMANI				81 Name			
CONELY III, TOM W. 207 N.W. 2ND STREET				82 Street Address (P.O. Box Number is Not Acceptable)			
OKEECHOBEE FL 33472				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 lide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12. OFFICERS AND DIRECTORS				3.	ADDITIONS/CHANGES TO OFFICERS AND E	DIRECTORS IN 12	
TITLE	TD	DELETE	1,1	TITLE		Change Addition	
NAME	MCGEE, BEULAH		1.2	NAME			
STREET ADDRESS	177 RAM ROAD		1.3	STREET ADDRESS			
CITY-ST-ZIP	LORIDA FL			CITY-ST-ZIP			
TITLE	SD	☐ DELETE	2.1	TITLE		☐ Change ☐ Addition	
NAME	MCDUGALD, MARGARET		2.2	NAME			
Street Address	16920 NW 203 RD ST		2.3	STREET ADDRESS		İ	
CITY-ST-ZIP	OKEECHOBEE FL		2. 4	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 witten an address.

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

SIGNATURE: Dull'homiste DE CEBECULA McGe

1/5/98 (941) 763-6517

Change

Change

Change

FILED

Jan 15 1998 8:00am

Secretary of State

CR2E037 (10/97)

Addition

Addition