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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **710194** (2)

1. Corporation Name

FLORIDA CARIBBEAN BAPTIST CONFERENCE, INC.

Principal Place of Business

Mailing Address

P O BOX 91865
LAKELAND FL 33804-1865
US

P O BOX 91865
LAKELAND FL 33804-1865
US



3. Date Incorporated or Qualified

01/12/1966

4. FEI Number

59-1459720

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **2320 SLEEPY HILL RD**
Suite, Apt. #, etc.

26 **STATE ASSURANCE**
Suite, Apt. #, etc.

22 **NONE**

27

City & State

City & State

23 **LAKELAND, FL**

28

Zip

Country

Zip

Country

24 **33810**

25 **POLK**

29

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABRAHAMSON, RICHARD R
118 ASHBOROUGH CT.
LAKELAND FL 33801

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

Richard R. Abrahamson

(NOTE: Registered Agent signature required when reinstating)

3-18-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D**
ABRAHAMSON, RICHARD R
STREET ADDRESS **118 ASHBOROUGH CT.**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE ☐ DELETE

NAME **PD**
MILLICAN, WILLIAM
STREET ADDRESS **704 LOBELIA ST**
CITY-ST-ZIP **BRANDON FL**

TITLE ☐ DELETE

NAME **V**
AMOS, EUGENE
STREET ADDRESS **7500 ALHAMBRA BLVD.**
CITY-ST-ZIP **MIRAMAR FL**

TITLE ☐ DELETE

NAME **TD**
FULKS, CHUCK
STREET ADDRESS **5823 26TH STREET W**
CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ DELETE

NAME **S**
WILLIAMSON, DARRYL
STREET ADDRESS **6104 WEBB RD., APT. 1704**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

Richard R. Abrahamson

3-18-98

941-858-8765

CR2E037 (10/97)