### **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 710194**

1. Corporation Name

### FLORIDA CARIBBEAN BAPTIST CONFERENCE, INC.

Principal Place of Business 2320 SLEEPY HILL RD

LAKELAND FL 33810

Mailing Address

P O BOX 91865 LAKELAND FL 33804-1865

# **FILED** Mar 11, 1999 8:00 am § Secretary of State 03-11-1999 90255 040 \*\*\*\*61.25



2. Principal P	lace of Business	2a. Mailing Address	Mailing Address		3. Date Incorporated or Qualifed		
21		26			01/12/1966		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number Applied For		
22		27	27		59-1459720 Not Applicable		
City & State		City & State	City & State		5. Certificate of Status Desired   \$8.75 Additional		
23		28	<b>8</b>		5. Certificate of Status Desired Fee Required		
Zip	Country	Zip	Cour	ntry	6. Election Campaign Financing \$5.00 May Be		
24	25	29	30		Trust Fund Contribution Added to Fees		
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registered Agent		
				81 Name			
ADD 41144	ICON DICHARD D		ŀ	82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
ADIAHAMOON, MOTANO II				Sileer Au	adiess (F.O. Dox (Adinbot is Not Accopability		
	OROUGH CT.		ľ	83			
LAKELANI	O FL 33801		l				
				84 City	FI 85 Zip Code		
44 5		0502 and 647 4509. Elocido Statuto	e the of	ove named co	progration submits this statement for the purpose of changing its registered		
office or r	registered agent, or both, in the S	tate of Florida. Such change was at	utnorized	by the corpora	ation's board of directors. I hereby accept the appointment as registered		
agent. I a	am familiar with, and accept the of	bligations of, Section 617.0503, Flor	rida Statu	ites.			
SIGNATURE					DATE		
40	Signature, typed or printed name of registere	d agent and title if applicable. (NOTE:	Registered .	Agent signature requ	uired when reinstalling)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	1	DELETE	1.1 111	TE	☐ Change ☐ Addition		
TITLE	D	·- <del>-</del>		1	<b>-</b> · -		
NAME	ABRAHAMSON, RICHARD R	k	1.2 NA				
STREET ADDRESS	11011011011		1	REET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33801		_	TY-ST-ZIP	☐ Change ☐ Additi		
TITLE	PD	☐ DELETE	2.1 TIT	LE [	. Cuarige \_\mathrea{\tau}		
NAME	MILLICAN, WILLIAM		2.2 NA	ME			
STREET ADDRESS	704 LOBELIA ST		2.3 ST	REET ADDRESS			
CITY-ST-ZIP	BRANDON FL		2.4 CI	TY-ST-ZIP			
TITLE	V	☐ DELETE	3.1 TIT	π£	☐ Change ☐ Addition		
NAME	AMOS, EUGENE		3.2 NA	ME			
	7500 ALHAMBRA BLVD.		3.3 ST	REET ADDRESS			
CITY-ST-ZIP	MIRAMAR FL			TY-ST-ZIP			
TITLE	TD	☐ DELETE	4.1 TIT		☐ Change ☐ Addition		
NAME	FULKS, CHUCK		4. 2 NA				
			1	REET ADDRESS			
STREET ADDRESS	10000 00000						
CITY-ST-ZIP	BRADENTON FL	☐ DELETE	5.1 TET	TY-ST-ZIP	☐ Change ☐ Additi		
TITLE	S DARBOUT DARBOUT	C DELETE	5.1 III				
NAME	WILLIAMSON, DARRYL			i			
STREET ADDRESS	6104 WEBB RD., APT. 1704	•		REET ADDRESS	· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP	TAMPA FL	FT	6.4 Cr	ry-ST-ZIP	. ☐ Change ☐ Additi		
TITLE		☐ DELETE	1		. ¿Cliange Addit		
NAME			6.2 NA				
STREET ADDRESS	s		6.3 ST	REET ADDRESS			
CITY-ST-ZIP			6.4 CI	TY-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 of the executer 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:

941-667-2644 Davime Phone #