

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90141 035 \*\*\*\*61.25

0001381

DOCUMENT # 710381

1. Corporation Name

THE FIRST MISSIONARY BAPTIST CHURCH OF KENANSVILLE, FLORIDA, INC.

Principal Place of Business

STATE ROAD 523  
PO BOX 103  
KENANSVILLE FL 34739

Mailing Address

STATE ROAD 523  
PO BOX 103  
KENANSVILLE FL 34739



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/16/1966	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2471103	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BAIDEN, GLENN R GRANT BASS ROAD STATE ROAD 523 AND GRANT BASS RD KENANSVILLE FL 34739 34739				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAIDEN, GLENN R		1.2 NAME		
STREET ADDRESS	GRANT BASS RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	KENANSVILLE, FL 00000		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VICKERS, BRUCE		2.2 NAME		
STREET ADDRESS	VICKERS RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	KENANSVILLE, FL 00000		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLINS, WALTER T.		3.2 NAME		
STREET ADDRESS	LAKE MARION ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	KENANSVILLE, FL 00000		3.4 CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COLLINS, SANDRA		4.2 NAME	S RIDGEWAY, FLORIDA	
STREET ADDRESS	VICKERS RD.		4.3 STREET ADDRESS	400 S. CANOE CREEK RD	
CITY-ST-ZIP	KENANSVILLE, FL 00000		4.4 CITY-ST-ZIP	KENANSVILLE, FL. 34739	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLINS, DONALD		5.2 NAME		
STREET ADDRESS	VICKERS RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	KENANSVILLE, FL 00000		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			6.2 NAME	T RIDGEWAY Robert E.	
STREET ADDRESS			6.3 STREET ADDRESS	400 S. CANOE CREEK Rd.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	KENANSVILLE, FL 34739	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-99 (407) 436.

Date

Daytime Phone #

CR2E037 (1/98)