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Mar 16 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710652 (9)
1. Corporation Name

FIRST TEMPLE BAPTIST CHURCH, INC. OF OCALA

Principal Place of Business

Mailing Address

2626 NE 10TH STREET
OCALA FL 34470
US

P.O. BOX 70248
OCALA FL 34470
US



3. Date Incorporated or Qualified

04/01/1966

4. FEI Number

59-1952896

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOBSON, LANIER S D.T.
4779 S.E. 115TH STREET
BELLEVUE FL 34420

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 P
NAME BRATCHER, STEPHEN
STREET ADDRESS 5316 PECAN RD.
CITY-ST-ZIP OCALA FL

1.1 TITLE Lanier Dobson
1.2 NAME PT TTEE
1.3 STREET ADDRESS 4779 SE 115th Street
1.4 CITY-ST-ZIP Bellevue, FL 34420

TITLE DTT, S Asst.VP
NAME GOLDEN, EARL
STREET ADDRESS 3453 NE 12TH ST
CITY-ST-ZIP OCALA FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DT
NAME MOSLEY, O.B.
STREET ADDRESS 10735 SE 148TH PL.
CITY-ST-ZIP SUMMERFIELD FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DT
NAME SCOTT, GEORGE
STREET ADDRESS 21770 17 1/2 MILE ROAD
CITY-ST-ZIP OLIVET MI

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T
NAME Horns Scott
STREET ADDRESS 10533 NE Magnolia Avenue
CITY-ST-ZIP Ocala, Florida

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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

DOBSON, LANIER S D.T. 03-16-98 245-1508

CR2E037 (10/97)