

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 710901 (0)**

1. Corporation Name  
**WEST BONIFAY BAPTIST CHURCH, INC. BONIFAY, FLORIDA**



Principal Place of Business <b>611 NORTH CARYVILLE RD. BONIFAY FL 32425</b>	Mailing Address <b>611 NORTH CARYVILLE RD. BONIFAY FL 32425</b>
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3. Date Incorporated or Qualified  
**05/17/1966**

4. FEI Number  
**59-2347973**

Applied For	
Not Applicable	

21. Principal Place of Business <b>609 W. Indiana Ave</b>	2a. Mailing Address <b>609 W. Indiana Ave</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

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

**BOSWELL, LESTER  
ROUTE 4, BOX 611  
BONIFAY FL 32425**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	B5 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOSWELL, LESTER</b>	1.2 NAME	
STREET ADDRESS	<b>ROUTE 4 BOX 611</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BONIFAY</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MIDDLEBROOKS, A E</b>	2.2 NAME	
STREET ADDRESS	<b>RT. 3, BOX 10</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BONIFAY FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MIDDLEBROOKS, A.E.</b>	3.2 NAME	
STREET ADDRESS	<b>RT. 3 BOX 10</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BONIFAY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES OUTLER</b>	4.2 NAME	
STREET ADDRESS	<b>RT 1 LOT 18-P</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BONIFAY FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *A E Middlebrooks* 1-11-98 (RSD) 547-3478

CR2E037 (10/97)