

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 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90059 030 \*\*\*\*61.25

**DOCUMENT # 711287**

1. Corporation Name

**FORT KING BAPTIST CHURCH, INC.**

Principal Place of Business

911 N.E. 8TH AVENUE  
OCALA FL 32670

Mailing Address

911 N.E. 8TH AVENUE  
OCALA FL 32670



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/02/1966

4. FEI Number  
59-3155020

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

NELREA  
1950 SW 4TH AVE  
OCALA FL 32674

10. Name and Address of New Registered Agent

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

TITLE P  
NAME MARKHAM, HENRY W.  
STREET ADDRESS 2101 N.E. 49TH ST.  
CITY-ST-ZIP Ocala FL

TITLE C  
NAME WESSNER, ROSETTA  
STREET ADDRESS 4260 SE 62ST STREET  
CITY-ST-ZIP Ocala, FL 0

TITLE D  
NAME BRYANT, JOYCE  
STREET ADDRESS 1269 E S S BLVD.  
CITY-ST-ZIP Ocala, FL 0

TITLE TD  
NAME BURRY, NELREA  
STREET ADDRESS 1950 SW 4TH AVE  
CITY-ST-ZIP Ocala FL

TITLE D  
NAME FLOSSIE, KEEL  
STREET ADDRESS 300 SW 19TH ST  
CITY-ST-ZIP Ocala, FL 00000

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

*Nelrea Burry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
3/22/99 352-591-1896  
Date Daytime Phone #

CR2E037-(1/98)