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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

711597

(5)

FIRST BAPTIST CHURCH OF AURANTIA. INC.

FILED
Apr 29 1998 8:00am
Secretary of State

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Principal Plac	ce of Business	Mailing Address				! 100) 101QP 100 100 31 6 QP	ii 1881 A1811 A16	III Divin Bib iii (PION OPON 1001
3953 FAIRFAX DRIVE P.O. BOX 96 MIMS FL 32754-0096		3953 FAIRFAX DRIVE P.O. BOX 96				3. Date Incorporated or Qualified 10/07/1966			
MMS FL 32/34	4-0096	MIMS FL 32754-0096			T	4. FEI Number		Α	pplied For
						59-2349256		N	lot Applicable
2. Principal F	Place of Business	2a. Mailing Address 26				5. Certificate of Status Desired			Additional lequired
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing		\$5.00	
22		27	27			Trust Fund Contribution			to Fees
City & State		City & State	} , ·			7. Is this nonprofit corporation a			on?
Zip	Country	Zip				Yes No 8. This corporation owes or has paid the current year Intangible			
24	25	29	30	•		Personal Property Tax due Ju			□ No N/A
	9. Name and Address of Curr	1-+1		•	1	0. Name and Address of New I			
			6.	Name			_		
LUCIER, MARY 4965 HARRISON RD			8:	Street	Address	(P.O. Box Number is Not Accept	table)		,
	1. 32754		8:	3					
			8	City				85 Zip	Code
44 -			1	1 .			FL		
11. Pursuant office or	to the provisions of Sections 617.05 registered agent, or both, in the Sta	502 and 617.1508, Florida Statu te of Florida, Such change was	utes, the above authorized b	ve-named by the corr	l corporat	tion submits this statement for the s board of directors. I hereby acc	e purpose of	changing	Its registered
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 lamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE									
SIGNATURE	Signature, typed or granific name of registered a	ucies	TE: Registered A				-au	98	
12.		ND DIRECTORS	13,	gent signature	e required wit	ADDITIONS/CHANGES TO OFF	FICERS AND	DIRECTO	RS IN 12
TITLE	PD	DELETE	1.1 TITLE		VD		702110 1 1110	Change	Addition
NAME	AVERILL, TOM		1.2 NAME						
STREET ADDRESS					1 C 14	ay Robert			
ŀ	3941 SERLINE STREET		1.3 STREE	T ADDRESS	126	By Robert BLITTIO DOK C	212-1		
CITY-ST-ZWP	MIMS FL 32754		1.3 STREE 1.4 CITY -	T ADDRESS	C/1	gy Robert 3 Little Oak C us ville PL.	ነሱ. 3278	300	
CITY-ST-ZIP TITLE		₩ DELETE		T ADDRESS ST-ZIP	C/1 126 T/T	ay Robert 3 Little Oak C us ville PL,	‰ <u>3278</u>	Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MIMS FL 32754 VD LEE, RODGER 4230 LONGBOW DR. TITUSVILLE FL 32798 VD MCLENDON, CYRIL	_	1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP	C/126 126 177	ay Robert 3 Little Oak C us ville PL,	3278	Change	
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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

Curania a. Jahnston

04/15/98 467-267-925

CR2E037 (10/