FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

711632

(0)

FIRST BAPTIST CHURCH, INCORPORATED, OF CHIEFLAND . FLORIDA

, FLOR	IDA				
Principal Place of Business		Mailing Address		1 ROBERT ROBERT LINGUI MINIO BILLOU MINIO BILLOU MANAGEMENT DE COMPANION DE COMPANI	'INIT BENEL MENIL BINGS SERIF INNS
511 NORTH YOU CHIEFLIND FL 3: US		P.O. BOX 2270 Chieflnd fl 32644 US		 3. Date Incorporated or Qualified 10/17/1966 4. FEI Number 59-1776911 	Applied For
	ace of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional
Sulte, Apt.	# etc	Suite, Apt. #, etc.		6. Election Campaign Financing	Fee Required \$5.00 May Be
22	п, д.с.	27		Trust Fund Contribution	Added to Fees
City & State	9	City & State		7. Is this nonprofit corporation a homeown	
23 Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25	├ ─ `	30	Personal Property Tax due June 30.	Yes No
44)	9. Name and Address of Curr			10. Name and Address of New Registere	d Agent
			81 Name		
BEAUCH	IAMP, W.O. JR.		82 Street A	Address (P.O. Box Number is Not Acceptable)	
12951 NW 10 AVENUE			July Street P	Address (1 .O. Box Hallings is Not Noospitally	
	ID FL 32626		83		
			84 City		85 Zip Code
				F	L [
office or re	egistered agent, or both, in the Sta	502 and 617.1508, Florida Statute ate of Florida. Such change was au ligations of, Section 617.0503, Flor	rthorized by the corp	corporation submits this statement for the purpose poration's board of directors. I hereby accept the ap-	of changing its registered appointment as registered
SIGNATURE _					
	Signature, typed or printed name of registered	<u> </u>	Registered Agent signature 13.	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AF	
12.	OFFICERS A	AND DIRECTORS DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OTTICENS A	Change Addition
TITLE	LOWE, BEVERLY	C. Obert	1.2 NAME		
NAME	6450 NW 115 STREET		1.3 STREET ADDRESS		
STREET ADDRESS	CHIEFLND FL		1.4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE	D D D D D D D D D D D D D D D D D D D	DELETE	2.1 TITLE		Change Addition
NAME	BISHOP, ROBERT		2.2 NAME		
STREET ADDRESS	P.O. BOX 358 NA		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHIEFLND FL		2. 4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LANGSTON, ART		3.2 NAME		
STREET ADDRESS	P.O. BOX 868 N/A		3.3 STREET ADDRESS		
CITY+ST-ZIP	CHIEFLND FL		3.4. CITY-ST-ZIP		
TITLE	D	DELETE	4.1 TITLE		Change Addition
NAME	CROSS, KEN		4.2 NAME		
STREET ADDRESS	P.O. BOX 1443 N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHIEFLND FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
AUTOL AT TID			6.4 CITY - ST - 7IP	}	Į.

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 chapter 617, and that my name appears in Block 12 or Block 13 if chapter 617.

SIGNATURE: KOLL

1. Only Beyon

5-11 28

352-493-1481

CR2E037 (10

FILED

May 20 1998 8:00am

Secretary of State