## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97; \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT

SIGNATURE:

Jul 25 1997 8:00am CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # 712831 (7) NORTH BAY BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 1202 VIRGINIA AVENUE 1202 VIRGINIA AVENUE LYNN HAVEN FL 32444 LYNN HAVEN FL 32444 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 05/29/1967 01/29/1996 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 71-2831130 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 

Yes Country 24 26 29 30 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 WALSINGHAM, WILLIE E. 82 Street Address (P.O. Box Number is Not Acceptable) 3405 ORCHARD ROAD 83 PANAMA CITY FL 32405 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE ☐ DELETE 1.1 TITLE Change Addition JAMEC NAME WALSINGHAM, WILLIE E. 1.2 NAME 408 E 5 3405 ORCHARD RD. STREET ADDRESS 1.3 STREET ADDRESS 2444 PANAMA CTIY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 21 TITLE VD. WISE, HAYES NAME 22 NAME 1804 CAROLINA AVE STREET ADDRESS 2.3 STREET ADDRESS LYNN HAVEN FL CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE Change ☐ Addition TITLE 3.1 TITLE HENRY, CORDELL 3.2 NAME NAME STREET ADDRESS 2002 DRAKE AVE 3.3 STREET ADDRESS PANAMA CITY FL CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE 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 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not quality 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 REQUIRED

2-2/-97

265-5482

FLORIDA DEPARTMENT OF STATE

**FILED** 

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