## 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 #

1. Corporation	BAPTIST CHURCH IN MIL	(-)				
				·		
Principal Place of Business Mailing Address		Mailing Address				
309 CLARA ST. 309 CLARA ST. MILTON FL 32570 MILTON FL 32570					3. Date Incorporated or Qualified	
MILION PL 32	5/U	MILTON FL 32570			08/10/1967	
					4. FEI Number	Applied For
2. Principal P	2. Principal Place of Business 2e. Mailing Address			<del></del>	59-0952636	Not Applicable
21	idos el Babilloso	26			6. Certificate of Status Desired	\$8.75 Additional Fee Required
<del>}</del>	Suite, Apt. #, etc. S		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
12		27		Trust Fund Contribution	Added to Fees	
City & State		City & State		7. Is this nonprofit corporation a homeowners association? ☐ Yes   Yoo		
Zip	Country	Zip	Country		8. This corporation owes or has paid the	current year Intangible
24	25		30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	Int Registered Agent	-		10. Name and Address of New Registers	d Agent
			81	Name		
NORTHROP, I.H.			82	Street A	ddress (P.O. Box Number is Not Acceptable)	
RT. 9, BOX 382A MILTON FL 32570			83			
MILION	FL 325/0					
			84	City		85 Zip Code
11. Pursuant	to the provisions of Sections 617.05	502 and 617,1508. Florida Statuter	s, the above	-named		
office or r	egistered agent, or both, in the Statem familiar with, and accept the obli-	te of Florida. Such change was au mations of Section 617 0503. Flor	ithorized by	the corp	corporation submits this statement for the purpose oration's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	an laninal wife, and accept the con	gation is or, occitor or r.coco, rich	ioa otatoto	•		
SIGNATURE	Signature, typed or printed name of registered a	·	Registered Age	nt signature r	equired when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	NODTHOOD III	☐ DELETE	1.1 TITLE		Jesse Smith CT	Change Addition
NAME	NORTHROP, I.H. RT 9, BOX 382A		1.2 NAME		208 Caral St	
STREET ADDRESS	MILTON FL		1.3 STREET		milton, #1 32570	
CITY-ST-ZIP TITLE	SD			1-219	Ed Sellers T	Change Addition
NAME	MCDONALD, CHARLIE		2.1 TITLE 2.2 NAME		5213 Jim Dandylane	
STREET ADDRESS	816 COLLEGE DRIVE		2.3 STREET			
CITY-ST-ZIP	AMI TOLL DI		2. 4 CITY-5		face, Fl 32571	
TITLE	D	<b>☑</b> DELETE	3.1 TITLE	+	T 2 1=	Change Addition
NAME	WHEAT, TIMOTHY D.		3.2 NAME		Harold Arrant	
STREET ADDRESS	3598 STRATFORD LANE		3.3 STREET	ADDRESS '	920 Highland Blrd	
CITY - ST - ZIP	PACE FL		3.4. CITY-ST-ZIP		Pace, El 32571	
TITLE	PD POLICE	<b>₩</b> DELETE			T.	Change Addition
NAME	NICHOLS, COLIE				Ed Bailly	
STREET ADDRESS	2025 EVENTIDE RD		1	ADDRESS	500 Commonity Cr	
CITY-ST-ZIP TITLE	MILTON FL D	DELETE	4.4 CITY-S 5.1 TITLE	1-ZIP	- Miltox DI Basks	Change Addition
NAME	NICHOLS, COLIE	MT DECEM	5.1 TILLE		Herb Bullard	
STREET ADDRESS	2025 EVENTIDE RD		5.3 STREET		2152 Copelare Pr	
CITY-ST-ZIP	MILTON FL		5.4 CITY-S		Mr Hon, El 32583	
TITLE	D	☐ DELETE	6.1 TITLE	. 2.11	VICE Chairman VC.T	Change
NAME	GRACEY, CLYDE		6.2 NAME		Clyde Graces	<del>-</del> —
STREET ADDRESS	911 CANAL ST			ADDRESS	911 Canal St	

14. Thereby 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 attachment with an address.

JUHHED SIGNATURE

**FILED** 

Apr 15 1998 8:00am

Secretary of State

## **Additions to Trustee List**

Trustee John Guidy 103 Williams St. Milton, FL 32570

Trustee Al Faulkner 3155 Benton Blvd. Pace, FL 32571