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**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90100 018 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 713179**

1. Corporation Name

**FIRST BAPTIST CHURCH IN MILTON, FLORIDA, INC.**

Principal Place of Business

**309 CLARA ST.  
MILTON FL 32570**

Mailing Address

**309 CLARA ST.  
MILTON FL 32570**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**08/10/1967**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**59-0952636**

Applied For  
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NORTHROP, I.H.  
RT. 9, BOX 382A  
MILTON FL 32570**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE  
NAME **CT SMITH, JESSE**  
STREET ADDRESS **208 CANAL ST**  
CITY-ST-ZIP **MILTON FL 32570**

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **Worley, Doug - Ty**  
1.3 STREET ADDRESS **6102 Willard Norris Rd**  
1.4 CITY-ST-ZIP **Milton, FL 32570**

TITLE ☒ DELETE  
NAME **T SELLERS, ED**  
STREET ADDRESS **5213 JIM DANDYLANE**  
CITY-ST-ZIP **PACE FL 32571**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME **Young, Bruce**  
2.3 STREET ADDRESS **6132 Willard Norris Rd**  
2.4 CITY-ST-ZIP **Milton, FL 32570**

TITLE ☐ DELETE  
NAME **T ARNANT, HAROLD**  
STREET ADDRESS **920 HIGHLAND BLVD**  
CITY-ST-ZIP **PACE FL 32571**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **Golden, Jimmie**  
3.3 STREET ADDRESS **156 Erudition Ave**  
3.4 CITY-ST-ZIP **Milton FL 32583**

TITLE ☐ DELETE  
NAME **T BAILLY, ED**  
STREET ADDRESS **5120 COMMUNITY CR**  
CITY-ST-ZIP **MILTON FL 32583**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **Norton, George**  
4.3 STREET ADDRESS **5240 Burt Lane**  
4.4 CITY-ST-ZIP **Pace, FL 32571**

TITLE ☐ DELETE  
NAME **T BULLARD, HERB**  
STREET ADDRESS **2152 COPELARE DR**  
CITY-ST-ZIP **MILTON FL 32583**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **S Moon, Phil**  
5.3 STREET ADDRESS **3905 Red Bud Lane**  
5.4 CITY-ST-ZIP **Pace, FL 32571**

TITLE ☒ DELETE  
NAME **VCT GRACEY, CLYDE**  
STREET ADDRESS **911 CANAL STREET**  
CITY-ST-ZIP **MILTON FL 32570**

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **Faulkner, Al**  
6.3 STREET ADDRESS **3155 Benton Blvd**  
6.4 CITY-ST-ZIP **Pace, FL 32571**

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: [Signature]**  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/18/99**  
**623-3122**  
Date Daytime Phone #

CR2E037 (11/98)